ASS. REC. BY: | REF: CS/ASM20009912/tf3 | Special Instruction:

Surveyor: _____ **ASSIGNMENT (Office)**

From (Person): Peter Wang of ASM Date/Time: 15/09/2020

Estimated Cost: _____ Bill to: _____

OD / ~~TP / WS / TP~~ RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SMQ 8290H Insured: _____

at Workshop m/s Specialists Motor Tel: 6747 2112

of Blk 3018A Ubi Road 1 #01-24

Policy No: _____ Claim No: S0M02K2L

Sum Insured: _____ Excess: NIL

Make of Veh: _____ D.O.A. 27/03/2020
(Client's Record)

CA REV REP. / REV 24 HRS 18/09/2020 10.30am H.O.D. Endorsement: _____

Date/Time: 16/09/2020 Person Contacted: Hui Ling - Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SMQ 8290H - X