

ASS. REC. BY:

REF: CS4/ASM20010139/Pvd3

Special Instruction:

SURVAYOR SHERWIN

ASSIGNMENT (Office)

From (Person): YVONNE ANG

of

ASM (AXA)

Date/Time: 22/09/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: YN 3808Y

Insured:

To inspect Vehicle No: YN 3808Y
at Workshop m/s ASM AUTOMOTIVE

Tel: 9236 8218

at Workshop m/s

NO 13 PIONEER SECTOR 1

of

Policy No: GA517904

Claim No: S0M02U1Z

Sum Insured:

Excess:

D.O.A. 17/09/2020

Make of Veh:

(Client's Record)

FIRE INVESTIGATION

H.O.D. Endorsement:

CA / REY / REP. / REV 24 HRS

Date/Time: 11.41am@22/9/2020 Person Contacted: JACLYN Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

YN 3808Y-X