

12/02/2000

REF: CS/GAI20010163/d3

Special Instruction:

ASS. REC. BY:

SURVEYOR: ASSIGNMENT (Office)

From (Person): SHERY WONG of GAI Date/Time: 22/09/2020@3.07PM

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SBS 6311P Insured: XE 3831M

at Workshop m/s TOWER TRANSIT Tel: 9199 0025

of 21 BULIM DRIVE

Policy No: \_\_\_\_\_ Claim No: CLMOMVC000003891

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 19/09/2020  
(Client's Record)

CA / REV / REP. / REV 24 HRS WP' H.O.D. Endorsement: \_\_\_\_\_

Date/Time 3.17PM@22/09/2020 Person Contacted: LYNN Vehicle  IN  OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	Repairer arrange to survey on 23/09/2020
	SBS 6311P-X
	XE 3831M-X