ASS. REC. BY: | REF: CS/SMO20010281/Kyd3 | Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 24/9/2020@8.27AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLX 8747H Insured: SMJ 7247C

at Workshop m/s S THREE AUTOMOTIVE Tel: 6284 1542

of BLK 8 SIN MING IND ESTATE#01-64/66

Policy No: Claim No: CMTD2002791/IJH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 24/09/2020

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

Date/Time: 8.33AM@25/9/2020 Person Contacted: YAN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate