

ASS. REC. BY:

REF:

~~CS3/III19010435/T1sd3-1~~

Special Instruction:

Signature: Taukey

ASSIGNMENT (Office)

From (Person): Gabriel wee

of

II

Date/Time:

12/6/19 @ 11:51am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMH 6553K

Insured:

SHA 77219

at Workshop in/s

Kok Wang Car Grooming

Tel:

91839633.

of

1 Soon Lee Street #06-40 pioneer

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8/06/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

2:40pm 12/6/19

Person Contacted:

Mr. Kok

Vehicle IN/OUT

Date/Time	Action/Instruction
	<u>1 thought X</u>
	<u>SMH 6553K-X</u>
	<u>SHA 77219-CC3/III/6017319/M/wb372</u>
	<u>After repair: 20/6/2019 10:01am</u>
	<u>SUBMIT L/S \$ 5,400.00/7 DAYS</u>

(\$ 1,950.00/RED - 27%)