

12/17/2000

REF: CS/UOI20010674/Kvd3

Special Instruction:

ASS. REC. BY:

SURVEYOR: KENNETH

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI

Date/Time: 5/10/2020@3.21PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLZ 939M

Insured: GBF 3100U

at Workshop m/s CITY AUTO

Tel: 6453 1235

of BLK 160 SIN MING DRIVE# 05-01

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 01/10/2020

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 3.57PM@5/10/2020

Person Contacted: VRONICA

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLZ 939M-
	GBF 3100U- CC4/III16020678/Kea3q2 DOA :28/10/2016