

ASS. REC. BY:

REF: CS/UOI20010859/f3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Josephine Wong of UOI Date/Time: 8/10/2020 2:24 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLW 8374E Insured: SMF 2311Dat Workshop m/s CHENG AUTO BODYWORKS Tel: 8666 7775of 1 SOON LEE STREET #06-41 PIONEER CENTRE

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06/10/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 8-10-20 2.31P.M Person Contacted: MURU Vehicle IN ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLW 8374E- NA/MSG18019035/z4 DOA :19/10/2018
	SMF 2311D- X

29-01-21 10.23A.M-Email from rachel according to the repairer, owner already withdraw the claim

We will close this file at our end without billing.No survey done.

17/02/2021 Hi Winnie, please proceed to cancel assignment. *Celine 17/02/2021*