				37 37	
ASS. REC. BY:		REF: CS/UOI20010859/f3	Spec	Special Instruction:	
Surveyor: _'		ASSIGNMENT (Office)	1		
From (Person):	Josephi	ne Wong of UOI	I	Date/Time: 8/10/2020 2:24 PN	
Estimated Cost		Bill to:			
OD TP WS	TP RES / C	DD RES / EVA / INV / MV / CS			
To Inspect Vehicle No: SLW 8374E			Insured:	SMF 2311D	
at Workshop n	n/sCH	ENG AUTO BODYWORKS	Tel:	8666 7775	
		TREET #06-41 PIONEER CENT			
Policy No:		Claim No:			
Sum Insured:		Excess:			
Make of Veh: (Client's Record				D.O.A. 06/10/2020	
CA / REV /	REP. / RE	24D M	V	H.O.D. Endorsement:ehicle_IN / OUT	
Date/Time	Action/Inst	ruction (/) Estimate.			
	-	3374E- NA/MSG18019035/z4	DOA	:19/10/2018	
	SMF 2	2311D- X			
29-01-21 10.2	3A.M-Emai	il from rachel according to the repairer,	owner alre	eady withdraw the claim	
	We will close this file at our end without billing.No survey done.				
	1				