

ASS. REC. BY:

REF: CS/III20011275/Btf3

Special Instruction:

Surveyor: LIM

ASSIGNMENT (Office)

From (Person): Gabriel Wee of III Date/Time: 19/10/2020 10:45 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLU 5120B Insured: SHC 8182U

at Workshop m/s Team Auto Pro Pte Ltd Tel: 6258 1955

of 160 Sin Ming Dr, #01-14

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 30-AUGUST-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 19-10-20 11.32A.M Person Contacted: LIM Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SLU 5120B- CC4/III20009692/gs3XX DOA:29/08/2020
	SHC 8182U- CC4/III20009692/gs3XX DOA :29/08/2020