

ASS. REC. BY:

REF: CS/AGI20011411/Kqf3

Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): Abigail Choo of AGI Date/Time: 21/10/2020 9:58 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLW 8542L Insured: SLR 4168L

at Workshop m/s MBM Wheelpower Pte Ltd Tel: 81387188

of 160 Sin Ming Drive #06-03

Policy No: _____ Claim No: C10007644KY

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/10/20
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 21-10-20 10.02A.M Person Contacted: Eryx Tan Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLW 8542L - <input checked="" type="checkbox"/>
	SLR 4168L - <input checked="" type="checkbox"/>