22/03/2002

ASS. REC. BY: | REF: CS/CTI20011454/Gyf3 | Special Instruction:

Surveyor : GQ

ASSIGNMENT (Office)

From (Person): IRENE TAY of CTI Date/Time: 21/10/2020 4:53 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN 5944B Insured: SLU 853C

at Workshop m/s S9 Building Tel: 98522415

of 55 Serangoon North Ave 4, #02-10

Policy No: DMHCSNA00005762000 Claim No: SNM20D203926

Sum Insured: Excess:

Make of Veh: D.O.A. 13-10-2020
(Client's Record)

"WP"

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

Date/Time: 21-10-20 5.02P.M Person Contacted: ONG Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SJN 5944B- X
	SLU 853C- X