

ASS. REC. BY:

REF: CS/SMO20011724/R1yf3

Special Instruction:

Surveyor: RASUL

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 28/10/2020 11:22 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLZ 374S Insured: SLD 1099X

at Workshop m/s Xin Yun Auto Private Limited Tel: 9839 1555

of Blk 8 Kaki Bukit Avenue 4 #05-23 Premier

Policy No: _____ Claim No: CMTD2003122

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26-October-2020
(Client's Record)

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

Date/Time: 28-10-20 11.37A.M Person Contacted: YI XIN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLZ 374S- NBA/INC18018994/Y DOA :17/10/2018
	SLD 1099X- <input checked="" type="checkbox"/>