

12/17/2000

REF: CS/GAI20011975/d3

Special Instruction:

ASS. REC. BY:

SURVEYOR:

ASSIGNMENT (Office)

From (Person): SHERY WONG of AGI

Date/Time: 3/11/2020@8.55AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SDZ 8863P

Insured:

at Workshop m/s SME MOTOR

Tel: 6747 6106

of 1 KAKI BUKIT AVE 6# 02-15

Policy No:

Claim No:

Sum Insured:

Excess: TBA

Make of Veh:
(Client's Record)

D.O.A. 29/10/2020

CA REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 9.28am@3/11/2020

Person Contacted: PEI YING

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	DOA
	SDZ 8863P-CS/GAI20011821/T1vd3	29/10/2020