

ASS. REC. BY:

REF: CS/EQI20012187/Dtd3

Special Instruction:

SUNV/0Y

ASSIGNMENT (Office)

From (Person): JAIME TAY of EQ Date/Time: 06/11/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 7047D Insured: SMU 4783H

at Workshop m/s BIFROST AUTO PTE LTD Tel: 6452 4457

of 8 KAKI BUKIT AVENUE 4 #01-49

Policy No: Claim No: DM20HO01647/JT

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 04/11/2020

CA / REV / REP. / REV 24 HRS 09/11/2020 H.O.D. Endorsement:

Date/Time: 06/11/2020 Person Contacted: Vehicle IN  OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	SHD 7047D - X
	SMU 4783H - NA/EQI20012135/h4 DOA: 04/11/2020