ASS. REC. BY: | REF: CS/FCI20012250/T1td3e2 | Special Instruction:

Surveyor: _____ **ASSIGNMENT (Office)**

From (Person): Eileen Lee of FCI Date/Time: 04/11/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SCQ 321Z Insured: _____

at Workshop m/s Riverview Auto Services Tel: 6481 2025

of Blk 10 Ang Mio Kio Ind Pk 2A #04-16

Policy No: D-20095447MFPC Claim No: D20004526MFPC/PTE/OD/FK

Sum Insured: _____ Excess: $750.00

Make of Veh: _____ D.O.A. 03/11/2020
(Client's Record)

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

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SCQ 321Z - NA/FCI20012078/T1r3 DOA: 03/11/2020