

ASSIGNMENT (Office)

From (Person): Kenneth Koh of SPF Date/Time: 02/11/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: BICYCLE (YELLOW & BLACK) Insured:

at Workshop m/s _____ Tel: _____

Policy No: F/2020618/2034 Claim No: E/20200622/0095

Claim No: E/20200622/0095

Sum Insured: _____ Excess: _____

Excess: _____

Make of Veh: _____ D.O.A. _____
(Client's Record)

D.O.A. _____

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

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

Vehicle ~~IN/OUT~~

Date/Time	Action/Instruction () Estimate
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SVP: 6000051986

\$350/-