ASS. REC. BY: | REF: CS/TP20012547/Asd3 | Special Instruction:

Surveyor: _____ **ASSIGNMENT (Office)**

From (Person): _____ of _____ Date/Time: 06/11/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLE 9173G Insured: _____

at Workshop m/s New Hock Teck Motor Tel: 6747 9241

of 1 Kaki Bukit Ave 6 #01-43

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____
(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 |
|---|---|
| | SLE 9173G - X |
| | |
| | |
| | |
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| | |