ASS. REC. BY: | REF: CS3/MSG20013192/Qqd3 | Special Instruction:

Surveyor: **ASSIGNMENT (Office)**

From (Person): Crystal Lee of MSIG Date/Time: 01/12/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGU 3837P Insured: SLT 5703A

at Workshop m/s 1 Stop Garage Tel: 9852 2415

of 55 Serangoon North Ave 4 #02-10

Policy No: 29141713MKF Claim No: 631531

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26/11/2020

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

Date/Time: 01/12/2020 Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SGU 3837P - X
	SLT 5703A - X