ASS. REC. BY: | REF: CS3/ASM20013194/Aqd3 | Special Instruction:

Surveyor: _____ **ASSIGNMENT (Office)**

From (Person): Lynn Khong of ASM Date/Time: 01/12/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGV 2007U Insured: SKV 1933E

at Workshop m/s Garage 13 Tel: 9666 4445

of 8 Kaki Bukit Ave 4 #03-46

Policy No: _____ Claim No: S0M02XSU

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/11/2020
(Client's Record)

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

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

Date/Time	Action/Instruction ( ) Estimate
	SGV 2007U - X
	SKV 1933E - X