ASS. REC. BY:

REF: CS/SMO20013710/AUtd3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 11/12/2020@7.49AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKZ 834T Insured: SLL 1807C

at Workshop m/s 1ST AUTO PRO Tel: 9188 3197

of 8 Kaki Bukit Ave 4 #01-49 PREMIER

Policy No: Claim No: CMTD2003569/RUC

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 05/12/2020

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

Date/Time: 9.14AM@11/12/20 Person Contacted: CHRISTINA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKZ 834T-X
	SLL 1807C-X