

12/12/2020

REF: CS/ICS20013796/Atd3

Special Instruction:

ASS. REC. BY:

SUPV BY
Merimen

ADRIAN

ASSIGNMENT (Office)

From (Person): CRYSTABELLE TAN of ICS

Date/Time: 14/12/2020@2.57PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMV 1241U

Insured: SJD 5029X

at Workshop m/s ADVANCE AUTO GARAGE

Tel: 9007 9247

of 10 KAKI BUKIT ROAD 2# 01-21

Policy No: Claim No: DMPC2000240H/02/CT

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 3.23PM@14/12/2020

Person Contacted: XAVIER LIM

Vehicle IN / OUT

| Date/Time | Action/Instruction (<input checked="" type="checkbox"/>) Estimate |
|-----------|---|
| | SMV 1241U-X |
| | SJD 5029X-X |
| | |
| | |
| | |
| | |