

ASS. REC. BY:

REF: CS/INC20013807/Atf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): ANNIE KOH of INC Date/Time: 15/12/2020 7:34 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLG 6422Y Insured: SMG 5332T

at Workshop m/s SMARTONE AUTO PTE LTD Tel: 98564815

of 8 KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT SINGAPORE 415875

Policy No: _____ Claim No: MT/1113636-001

Sum Insured: _____ Excess: _____

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

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

Date/Time: 15-12-20 9.37 A.M Person Contacted: MICHELLE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLG 6422Y- <input checked="" type="checkbox"/>
	SMG 5332T- <input checked="" type="checkbox"/>