22/03/2002

ASS. REC. BY: | REF: CS/SMO20013834/f3 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 15/12/2020 12:49 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMQ 242A Insured: GBH 4390G

at Workshop m/s Chuan Ho Auto Service Tel: 81257933

of 160 Sin Ming Drive, #07-09, Sin Ming Auto City, S 575722

Policy No: _____ Claim No: CMTD2003654/THE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11.12.2020
(Client's Record)

"WP"

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

Date/Time: 15-12-20 1.32P.M Person Contacted: Isabelle Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMQ 242A- ✗
	GBH 4390G - ✗