ASS. REC. BY: | REF: CS/UOI20013930/Ktd3 | Special Instruction:

Surveyor / Merimen: KENNETH

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI, Date/Time: 16/12/2020@10.40AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKE 1231L Insured:

at Workshop m/s OPTIMA WERKZ Tel: 6481 1522

of 10 Ang Mo Kio Industrial Park 2A #01-05

Policy No: Claim No: M12D12361912

Sum Insured: Excess: $750.00

Make of Veh: D.O.A. 21/11/2019
(Client's Record)

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

Date/Time: 10.45AM@16/12/20 Person Contacted: LILY Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKE 1231L-CI/TPD19022142/Pq

DOA ; 21/11/2019