ASS. REC. BY: | REF: CS/SMO20014289/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 22/12/2020@ 2.49PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 5485R Insured: ER 2328M

at Workshop m/s TRANSCAB AUTO Tel: 6287 6666

of NO.2 AMK STREET 63

Policy No: Claim No: CMTD2003755/MYE

Sum Insured: Excess:

Make of Veh: D.O.A 19/12/2020
(Client's Record)

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

Date/Time: 3.10PM@22/12/20 Person Contacted: ZHE WEI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 5485R-CC3/AIG15021516/Keg3q2 DOA : 08/12/2015
	ER 2328M-X