ASS. REC. BY: | REF: CS/AGI20014704/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): STANLEY LAI of AGI Date/Time: 29/12/2020@3.34PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 9421B Insured:

at Workshop m/s AUTOMOTIVE REPAIR Tel: 6468 8834

of 38 Woodlands Industrial Park E1 #05-18

Policy No: P10304518R00 Claim No: C10008411

Sum Insured: Excess:

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

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

Date/Time: 4.45PM@29/12/20 Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLV 9421B-X