ASS. REC. BY:

REF: CS/SMO20014713/R1Utd3

Special Instruction:

Surveyor RASUL

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 30/12/2020@9.06AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 8741G Insured: FBP 6127X

at Workshop m/s COMFORTDELGRO Tel: 6214 8355

of 59 LOYANG DRIVE

Policy No: Claim No CMTD2003830/RUC

Sum Insured: Excess:

Make of Veh: D.O.A 29/12/2020
(Client's Record)

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

Date/Time 9.16AM@30/12/2020 Person Contacted: MR. LIM Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8741G-X
	FBP 6127X-X