ASS. REC. BY:

REF: CS/AGI21000133/Aqd3

Special Instruction:

Surveyor ADRIAN

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI

Date/Time: 05/01/2021@11.41AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLE 5517A

Insured: SMH 2244D

at Workshop m/s SIN YU SIN

Tel: 9199 3103

of 1 KAKI BUKIT AVE 6 # 01-52

Policy No:

Claim No: C10008588/CH

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 03/01/2021

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 11.49AM@05/01/21 Person Contacted: WEILEANG

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLE 5517A-X
	SMH 2244D-X