ASS. REC. BY: | REF: CS3/ASM21000254/Gtd3 | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Richard Ang of ASM Date/Time: 06/01/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMU 212R Insured: SHA 8402X

at Workshop m/s Teamwork Garage Tel: 6844 2475

of Blk 53 Ubi Ave 1 #01-24

Policy No: Claim No: S1M02ZVV

Sum Insured: Excess:

Make of Veh: D.O.A. 01/01/2021
(Client's Record)

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

Date/Time 06/01/2021 Person Contacted: Shu Shan Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SMU 212R - X
	SHA 8402X - X