ASS. REC. BY: | REF: CS/ASM21000257/Aqd3 | Special Instruction:

Surveyor: _____ **ASSIGNMENT (Office)**

From (Person): Khor Saw Theng of ASM Date/Time: 06/01/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGC 8295P Insured: SJV 2760S

at Workshop m/s Automobile Hub Tel: 9786 4483

of 1 Kaki Bukit Ave 6 #02-11

Policy No: _____ Claim No: S1M02ZVR

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/01/2021
(Client's Record)

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

Date/Time: 06/01/20201 Person Contacted: Mr Lim Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGC 8295P - X
	SJV 2760S - X