ASS. REC. BY: | REF: CS/SMO21000261/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 06/01/2021@3.11PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLN 9333P Insured: YQ 627G

at Workshop m/s ACE AUTOLUTION Tel: 6844 1184

of 13 KAKI BUKIT ROAD 4 #03-29

Policy No: Claim No: CMTD2100044/MYE

Sum Insured: Excess:

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

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

Date/Time: 3.33PM@06/01/21 Person Contacted: ANNA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate Repairer agreed to survey on 07/01/2021
	SLN 9333P-X
	YQ 627G-X