ASS. REC. BY: | REF: CS/LPC21000375/T1qd3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): ONG LI LI of LPC Date/Time: 08/01/2021@1.06PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SBS 3651C Insured: YM 6403S

at Workshop m/s SBS TRANSIT Tel: 9766 0306

of 1470 BEDOK NORTH BEDOK AVE 4

Policy No: Claim No: 20/21/21/VC05/024085

Sum Insured: Excess:

Make of Veh: D.O.A. 04/01/2021
(Client's Record)

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

Date/Time: 2.12PM@08/01/21 Person Contacted: RAJESH Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SBS 3651C-X
	YM 6403S-X