

12/17/2020

REF: CS3/LPC21000513/Gqd3

Special Instruction:

ASS. REC. BY:

SURVEYOR: GUO QIANG

ASSIGNMENT (Office)

From (Person): ONG LI LI

of LPC

Date/Time: 11/01/2021@5.28PM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: SJT 1365S

Insured: SLA 4148J

at Workshop m/s GARAGE 13

Tel: 6385 1171

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No: _____

Claim No: 20/21/21/VP05/024115

Sum Insured: _____

Excess: _____

Make of Veh:
(Client's Record)

D.O.A. 09/01/2021

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

H.O.D. Endorsement: _____

Date/Time: 12/01/21@10.15AM Person Contacted: IRENE

Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	
	SJT 1365S-NA/LPC21000472/r3	DOA :10/01/2021
	SLA 4148J-NA/LPC21000472/r3	DOA: 10/01/2021