ASS. REC. BY: | REF: CS/CTI21000880/Eqd3 | Special Instruction:

Surveyor: Merimen

ASSIGNMENT (Office)

From (Person): IRENE TAY of CTI Date/Time: 19/01/2021@9.28AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SML 4845K Insured: SMH 3493U

at Workshop m/s CYCLE & CARRIAGE KIA Tel: 6568 4501

of 209 PANDAN GARDENS

Policy No: DMPCSNW00125192000 Claim No: SNM21D200269C02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 15/01/2021

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

Date/Time: 10.44AM@19/01/21 Person Contacted: DON BONG Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SML 4845K-X
	SMH 3493U-X