

ASSIGNMENT (Office)

From (Person): PETER WANG of AXA Date/Time: 19-01-21

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SLC 5430B	Insured:
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at Workshop m/s	ELITE AM	Tel:	63397378
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of 280 WOODLAND INDUSTRIAL PARK E5 #01-17

Policy No: _____ Claim No: S1M02ZWM

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: 19-01-21 4.47P.M Person Contacted: EILEEN Vehicle IN OUT

[illegible]