

ASS. REC. BY:

REF: CS3/ASM21001089/f3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Chu Xichi Eugene of AXA Date/Time: 22/1/2021 4:42 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBJ 5121A Insured: SKG 8380Hat Workshop m/s GUAN MOTOR Tel: 9742 6003of 176 SIN MING DRIVE #02-03 SIN MING AUTOCAREPolicy No: _____ Claim No: SOM02ZHE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23-12-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 22-01-21 5.21P.M Person Contacted: MISS GUAN Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	GBJ 5121A- ☒
	SKG 8380H- ☒