ASS. REC. BY: | REF: CS/SMO21001157/Uqd3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 25/01/2021@1.23PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKP 8415U Insured: GBE 9338S

at Workshop m/s TEAMWORK GARAGE Tel:

of 53 UBI AVENUE 1# 01-24

Policy No: Claim No: CMTD2100248/SYH

Sum Insured: Excess:

Make of Veh: D.O.A. 22/01/2021
(Client's Record)

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

Date/Time: 2.45PM@25/01/21 Person Contacted: DARREN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	Repairer agreed to survey on 26/01/2021
	SKP 8415U-CS/MSG16023535/Avbn2 DOA : 07/12/2016
	GBE 9338S-CS/SMO19013016/Ktf3n2 DOA : 21/07/2017