ASS. REC. BY: | REF: CS/UOI21001260/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI Date/Time: 26/01/2021@4.16PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKF 4567T Insured: SKX 175Y

at Workshop m/s TRANS EUROKARS Tel: 9127 7928

of 5 UBI CLOSE

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 21/01/2021
(Client's Record)

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

Date/Time: 4.45PM@26/01/21 Person Contacted: RONALD Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKF 4567T-X
	SKX 175Y-X