ASS. REC. BY: | REF: CS3/LPC21001411/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): GERALD POH of LPC Date/Time: 29/01/2021@2.57PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLZ 5921E Insured: XE 2659B

at Workshop m/s GARAGE 13 Tel: 6385 1171

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A 29/01/2021
(Client's Record)

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

Date/Time: 3.20PM@29/01/21 Person Contacted: IRENE Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLZ 5921E-X
	XE 2659B-X