ASS. REC. BY:

REF: CS/UOI21001704/d3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI Date/Time: 04/02/2021@4.58PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKM 813Y Insured:

at Workshop m/s CYCLE & CARRIAGE INDUSTRIES Tel: 9186 5113

of 188 PANDAN LOOP

Policy No: Claim No:

Sum Insured: Excess: $500.00

Make of Veh: D.O.A. 02/02/2021
(Client's Record)

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

Date/Time: 5.11PM@04/02/21 Person Contacted: KERLYN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKM 813Y-X