

ASS. REC. BY:

Surveyor: KENNETH

ASSIGNMENT (Office)

05/02/2021

From (Person): AGNES CHAN of SMO

Date/Time: 28/10/2020@2:47PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBK 2901E

Insured: FBA 9656U

at Workshop m/s TEAM AUTOPRO

Tel: 8269 9999

of 160 SIN MING DRIVE# 01-14

Policy No: _____ Claim No: CMTD2003142/AGC

Sum Insured: _____ Excess: _____

Make of Veh:
(Client's Record)

D.O.A 27/10/2020

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement: _____

Date/Time: 2.50PM@28/10/2020 Person Contacted: PEACH

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GBK 2901E-X
	FBA 9656U-CS/SMO20009263/DUqf3 DOA :29/08/2020