

ASS. REC. BY:

REF: CS/AGI21001896/f3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 8/2/2021 5:36 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: YM 744Y Insured: SLE 4680Sat Workshop m/s A T Auto Consultant Tel: 83868989of BLK 14 SIN MING IND EST #01-21 SINGAPORE 575658Policy No: _____ Claim No: C10008965/ST

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05.02.2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 09-02-2021 9.314A.M Person Contacted: ALAN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	YM 744Y - ☒
	SLE 4680S - ☒