ASS. REC. BY:

REF: CS/ICS21001977/Kqd3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): CRYSTABELLE TAN of ICS Date/Time: 09/02/2021@4.16PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLZ 9785E Insured: SKC 6973G

at Workshop m/s BODYFIX Tel: 6257 1289

of 10 ANG MO KIO IND. PARK 2A #04-

Policy No: Claim No: DMPC2100045H/02/CT

Sum Insured: Excess:

Make of Veh: D.O.A. 08/02/2021
(Client's Record)

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

Date/Time: 4.52PM@09/02/21 Person Contacted: RYAN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLZ 9785E-X
	SKC 6973G-X