ASS. REC. BY: | REF: CS3/SMO21002097/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMQ Date/Time: 15/02/2021@2.02PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMQ 7349E Insured: GBJ 4450G

at Workshop m/s HIAP LEK AUTOMOBILE Tel: 9660 1347

of 160 SIN MING DRIVE # 05-17

Policy No: Claim No: CMTD2100476/GPL

Sum Insured: Excess:

Make of Veh: D.O.A. 10/02/2021
(Client's Record)

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

Date/Time: 2.12PM@15/02/21 Person Contacted: MR.ONG Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SMQ 7349E-X
	GBJ 4450G-X