ASS. REC. BY: | REF: CS/SMO21002383/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMQ Date/Time: 19/02/2021@3.31PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 429P Insured: SJY 793U

at Workshop m/s LIAN HER MOTOR Tel: 9108 2728

of BLK 5038 #01-405 AMK IND PARK 2

Policy No: Claim No: CMTD2100508/SYH

Sum Insured: Excess:

Make of Veh: D.O.A. 12/02/2021
(Client's Record)

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

Date/Time: 3.52pm@19/02/21 Person Contacted: ANTHONY Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLV 429P-X
	SJY 793U-CC4/ASM21002286/gs3 DOA: 12/02/2021