

ASS. REC. BY:

REF: CS/SMO21002503/Uvf3

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): GRACE TEO

of SMO

Date/Time: 23-02-2021 9:31 AM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: JMN 5949

Insured: SJQ 5152D

at Workshop m/s PKS AUTOMOTIVE PTE LTD

Tel: 9182 6686

of Premier @ 8 Kaki Bukit Avenue 4 #01-52 Singapore 415875

Policy No: _____

Claim No: CMTD2100393/MYE

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 03/02/2021

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 23-02-21 3.02P.M

Person Contacted: SHAWN

Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	JMN 5949 - <input checked="" type="checkbox"/>
	SJQ 5152D - <input checked="" type="checkbox"/>