

ASS. REC. BY:

REF: CS3/ASM21002565/Gvf3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): RICHARD ANG of AXA Date/Time: 24/2/2021 10:30 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMT 2809L Insured: SH 9775X

at Workshop m/s Mask Spray Works Pte Ltd Tel: 9853 5175

of 25 kaki bukit road 4 #07-38 Synergy@KB #06-43 Synergy@KB

Policy No: _____ Claim No: S1M033S8

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21.02.2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 24-02-21 3.02P.M Person Contacted: IRENE Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SMT 2809L- X
	SH 9775X- CC3/CTI20014151/Nea3 DOA :09/12/2020