22/03/2002

ASS. REC. BY: | REF: CS4/SMO21002651/Kqf3 | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 26/02/2021@10.27am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: BICYCLE Insured: GBE 5165A

at Workshop m/s R C AUTO Tel: 97619383

of 160 SIN MING DRIVE #06-20 SIN MING AUTOCARE

Policy No: Claim No: CMTD2100626/GPL

Sum Insured: Excess:

Make of Veh: D.O.A. 19/02/2021
(Client's Record)

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

Date/Time: 26/02@11.01am Person Contacted: Mr TAN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	BICYCLE-X
	GBE 5165A -X