

ASS. REC. BY:

REF: CS4/ASM21002653/Pvf3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): PETER WANG of ASM Date/Time: 26/02/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMV 3691R Insured:

at Workshop m/s SME MOTOR Tel: 67476106

of 1 KAKI BUKIT AVE 6 #02-15 (AUTOBAY @KAKI BUKIT) SINGAPORE 417883

Policy No: Claim No: S1M033YE

Sum Insured: Excess:

Make of Veh: D.O.A. 23/02/2021

(Client's Record)

CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 26/02@11.25am Person Contacted: PEI YING ☒ Vehicle IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	SMV3691R-X

Smart Claims