

ASS. REC. BY:

REF: CS/ICS21002769/Uqd3

Special Instruction:

SURVAYOR : MARCUS

ASSIGNMENT (Office)

Merimen

Merimen NICHOLAS CHUA
From (Person):

of ICS

Date/Time: 01/03/2021@3.28PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJN 1515H

Insured:

Tel: 6789 7997

at Workshop m/s

FALCON AIR-AUTO

BLK 9006 TAMPINES ST.93#01-200

Policy No: MPC20A0005490

Claim No: DMPC2100071H/NC

Sum Insured:

Excess: WAIVED

D.O.A. 01/03/2021

Make of Veh:

(Client's Record)

CA **REV** REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 4.16PM@02/03/21

Person Contacted: JIMMY

Vehicle **IN** OUT

Date Time

Action/Instruction (✓) Estimate

SJN 1515H-X