ASS. REC. BY: | REF: CS/MSG21003276/Ktd3 | Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): CRYSTAL LEE of MSIG Date/Time: 12/03/2021@1.30PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMW 5733K Insured: SLN 5168B

at Workshop m/s RC AUTO Tel: 9761 9383

of 160 SIN MING DRIVE # 06-20

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 11/03/2021
(Client's Record)

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

Date/Time: 2.19PM@12/03/21 Person Contacted: MR.TAN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMW 5733K-X
	SLN 5168B-X