

ASS. REC. BY:

REF: CS/SMO21003727/UAtf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): MELVIN YE of SMO Date/Time: 22/3/2021 3:53 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBB 9414X Insured: SMU 1136X

at Workshop m/s RYDER Tel: 67418277

of 2 Kaki Bukit Ave 2, #02-19 / 22 AutoHub @ Kaki Bukit, Singapore 417921

Policy No: _____ Claim No: CMTD2100891/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20 Mar2021
(Client's Record)

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

Date/Time: 23-03-21 12.28P.M Person Contacted: JUNE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GBB 9414X- NA/CTI21003709/h4 DOA :20/03/2021
	SMU 1136X- <input checked="" type="checkbox"/>