ASS. REC. BY: | REF: CS/ASM21003986/Qvf3 | Special Instruction:

Surveyor:

**ASSIGNMENT (Office)**

From (Person): Daniel Pay of ASM Date/Time: 29/03/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBE 1239Y Insured: SLX 3668K

at Workshop m/s Hing Lee Motor Tel: 96363905

of Blk 7 Woodlands Rd 397-D

Policy No: Claim No: S1M0359T

Sum Insured: Excess:

Make of Veh: D.O.A. 13/03/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS 30/03/2021 After 11am H.O.D. Endorsement:

Date/Time: 29/03/2021 Person Contacted: Mr Lai Vehicle IN / OUT

| Date/Time | Action/Instruction ( ) Estimate |
|---|---|
| | |
| | |
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