22/03/2002

ASS. REC. BY: | REF: CS3/SMO21003999/R1Utf3 | Special Instruction:

Surveyor : RASUL

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 29/3/2021 11:27 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKX 2663S Insured: PA 7517K

at Workshop m/s GARAGE 13 Tel: 9853 5175

of 8 KAKI BUKIT AVE 4 #03-27 Premier@KB

Policy No: Claim No: CMTD2100959/SYH

Sum Insured: Excess:

Make of Veh: D.O.A. 26.03.2021

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 29-03-21 2.07P.M Person Contacted: IRENE Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SKX 2663S - X
	PA 7517K - X