

ASS. REC. BY:

REF: CS/INC21004048/Utf3

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): ANNIE KOH of INC Date/Time: 30/3/2021 11:17 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SCK 2282X Insured: SMQ 4904Y

at Workshop m/s ZOOM AUTOWERKS PTE LTD Tel: 9450 7920

of 15 KAKI BUKIT ROAD 4, BARTLEY BIZ CENTRE, #01-53

Policy No: _____ Claim No: MT/1126052-002

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/3/2021
(Client's Record)

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

Date/Time: 30-3-21 11.45A.M Person Contacted: ELIN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SCK 2282X- CS/INC21004046/Utf3 DOA : 28/03/2021
	SMQ 4904Y- X