22/03/2002

ASS. REC. BY: | REF: CS/SMO21004125/T1Uqf3 | Special Instruction:

Surveyor : TAUFIKH **ASSIGNMENT (Office)**

From (Person): IRENE HENRY of SMO Date/Time: 30/3/2021 5:18 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBH 3571H Insured: SLZ 8159U

at Workshop m/s AP Automotive Services Pte Ltd Tel: 8749 6614

of 56 LOYANG WAY #04-04

Policy No: Claim No: CMTD2100929/RE

Sum Insured: Excess:

Make of Veh: D.O.A. 24-03-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 30-3-21 5.24P.M Person Contacted: ELF Vehicle ~~IN / OUT~~

Date/Time	Action/Instruction (✓) Estimate
	GBH 3571H- X
	SLZ 8159U- X