

ASS. REC. BY:

REF: CS3/LPC21004428/T1vf3

Special Instruction:

Surveyor: TAUFIKH

ASSIGNMENT (Office)

17.08.2021

From (Person): GERALD POH of LPC Date/Time: ~~7/4/2021 12:34 PM~~

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLM 8039B Insured: SGL 883Y

at Workshop m/s GREEN STAR SPRAY PAINTING Tel: 6546 3092

of Blk 3011 Bedok North Avenue 4 #01-2004 Bedok Industrial Park E

Policy No: _____ Claim No: 20/21/21/VP05/024418

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30 MARCH 2021
(Client's Record)

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

Date/Time: 07-04-21 3.25P.M Person Contacted: JANE Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SLM 8039B - X
	SGL 883Y - X