

ASS. REC. BY:

REF: CI/TP21008710/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Mr Yee at 9819 3420 Date/Time: 16/08/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WBA2V120X09C54047 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: WBA2V120X09C54047

Sum Insured: Excess:

Make of Veh: D.O.A.  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time Action/Instruction ( ) Estimate

Contact owner Mr Yee at 9819 3420 or email Lanceyee@marvelmotor.com.sg

\$350/-