22/03/2002

ASS. REC. BY: | REF: CI/SPF21010907/Pq | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): ER KIM HUAT ALEX & CLEMENTI SPF Date/Time: 11/10/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 2127P Insured:

at Workshop m/s Tel:

of

Policy No: 6000082085 Claim No: D/20210906/0078

Sum Insured: Excess:

Make of Veh: D.O.A. 06/09/2021
(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
	$500/-