22/03/2002

ASS. REC. BY: | REF: CI/TP22000739/Dq | Special Instruction:

Surveyor

**ASSIGNMENT (Office)**

From (Person): Mr Vincent 97500283 of _____ Date/Time: 10/01/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WBS2U720607D89541 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WBS2U720607D89541

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 |
|---|---|
| | email address vincent@primeleasing.com.sg |
| | |
| | |
| | |
| | $350/- |
| | |