ASS. REC. BY: | REF: CS3/ASM21004345/Qqc | Special Instruction:

Surveyor: **ASSIGNMENT (Office)**

From (Person): Richard Ang of ASM Date/Time: 06/04/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMX 9237U Insured: SH 6008Y

at Workshop m/s Teamwork Garage Tel: 6844 2475

of 53 Ubi Ave 1 #01-24

Policy No: Claim No: S1M0378Z

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 01/04/2021

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

Date/Time: 06/04/2021 Person Contacted: Shu Shan Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SMX 9237U - X
	SH 6008Y - CC3/CTI20002217/Fea3q2 DOA: 04/02/2020