

ASS. REC. BY:

REF: CI/TP22003548/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Bryan Tan 8498 8825 Zion Auto Date/Time: 11/04/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WBA7T22060CF65429 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: **WBA7T22060CF65429**

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 email: bryan.tan@zionauto.sg

\$400/-