

ASS. REC. BY:

REF: CI/TP22008619/Dq

Special Instruction:

Surveyor:

**ASSIGNMENT (Office)**

From (Person): Shine Trust Trading of \_\_\_\_\_ Date/Time: 15/08/2022

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: WP0ZZZ99ZMS261226 Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: WP0ZZZ99ZMS261226

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: [fedwu@allmotoring.sg](mailto:fedwu@allmotoring.sg) and [matsumoto@shinetrust.com.sg](mailto:matsumoto@shinetrust.com.sg)

\$400/-