22/03/2002

ASS. REC. BY: | REF: CI/TP22012716/Df2 | Special Instruction:

Surveyor: _____

**ASSIGNMENT (Office)**

From (Person): _____ of _____ Date/Time: 13/12/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WP0ZZZ99ZNS227448 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WP0ZZZ99ZNS227448

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 and matsumoto@shinetrust.com.sg |
| | |
| | |
| | $400/- |
| | |
| | |