

ASS. REC. BY:

REF: CI/TP23000411/Df2

Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: **06/01/2023**

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: **SCATF2209NU211273** Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: **SCATF2209NU211273**

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/-