22/03/2002

ASS. REC. BY: | REF: CI/TP23002643/Df2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: 10/02/2023

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: ZFF93LMC000263343 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: ZFF93LMC000263343

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/-