22/03/2002

ASS. REC. BY: | REF: CI/SPF23002890/Pf2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): LEE JUN HAO of SPF Date/Time: 08/02/2023

Estimated Cost: Bill to:

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

To Inspect Vehicle No: XE 745Z Insured:

at Workshop m/s Tel:

of

Policy No: 6000128622 Claim No: A/20230131/0013

Sum Insured: Excess:

Make of Veh: D.O.A. 31/01/2023
(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
	$700/-