22/03/2002

ASS. REC. BY: | REF: CI/LIP23005581/Nf2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): SAM LOW of LIP Date/Time: 26/05/2023

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SND 4183S Insured:

at Workshop m/s Tel:

of

Policy No: SD22V04463 Claim No: IVS23/0962

Sum Insured: Excess:

Make of Veh: D.O.A. 24/05/2023
(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
	Investigation Report $500
	SCDF Fire Report (Reimbursement) $170