

ASS. REC. BY:

REF: CI/SBS23005722/Nf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): CHUA SAY CHEONG(VP) SBS Date/Time: 18/05/2023

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SG 1226Y Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: SG 1226Y

Sum Insured: Excess:

Make of Veh: D.O.A. 09/10/2022
(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
	\$500/-