22/03/2002

ASS. REC. BY: | REF: CI/TP23006161/Df2 | Special Instruction:

Surveyor

**ASSIGNMENT (Office)**

From (Person): _____ of TP2 Date/Time: 29/05/2023

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJA 666E Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: SJA 666E

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 Mr Goh 93368442 |
| | anthony.goh@autoclinicgroup.com.sg |
| | $400/- |
| | |
| | |
| | |