

ASS. REC. BY:

REF: C51CT120005191/uyf3

Special Instruction:

Surveyor: MarcusASSIGNMENT (Office)From (Person): Cecilia Lowof CTIDate/Time: 14.4.20 1.51p.m

Estimated Cost: _____

Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMC 6644HInsured: GBH 6251Yat Workshop m/s Kah motorTel: 96786493of 15 Ubi Road 4

Policy No: _____

Claim No: SNM 200201756

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 9.4.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

mp

H.O.D. Endorsement: _____

Date/Time: 14.4.20 1.52p.mPerson Contacted: PO SoonVehicle IN/OUT

Date/Time

Action/Instruction (☒) Estimate.SMC 6644H - XGBH 6251Y - X