ASS. REC. BY: | REF: CS/III20005654/Eyf3 | Special Instruction:

Surveyor: ASSIGNMENT (Office)

From (Person): GABRIEL WEE of III Date/Time: 11/05/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBH 207E Insured:

at Workshop m/s EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD Tel:

of 56 LOYANG WAY #06-07

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 08/05/2020

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time 11/5 Person Contacted: JESSIE Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBH 207E - X