

ASS. REC. BY:

REF: CS/FCI20005810/Kqf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): JOANNEY of FCI Date/Time: 19-5-20 1.43P.M

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMN 4627M Insured: SHD 3637Cat Workshop m/s OPTIMA WERKZ PTE LTD Tel: 64811522of 6 KUNG CHONG ROADPolicy No: _____ Claim No: D20002171MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26-03-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 19-5-20 1.47P.M Person Contacted: SHARON Vehicle IN ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMN 4627M - <input checked="" type="checkbox"/>
	SHD 3637C - CC3/CTI20004227/Fps3 DOA : 17/03/2020