

ASS. REC. BY:

REF: CS/SMO20006281/Kvf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 15-6-20 4.37P.M

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLX 408P Insured: SKV 8849Uat Workshop m/s Tropical Success Auto Care Tel: 64817773of Blk 5032 Ang Mo Kio Ind Pk2 #01-303 SPolicy No: _____ Claim No: CMTD2001798

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12.06.20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 15-6-20 5.00P.M Person Contacted: CALVIN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLX 408P - ☒
	SKV 8849U - ☒
18/6/20	Email preli revised to Lorriance
13/8/20	Final fig \$4808.80 confirmed by email (Red 7204, 60%)