

ASS. REC. BY:

REF: CS3/SMO20006750/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 29/6/2020 11:04 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBE 6541R Insured: SJK 7856A

at Workshop m/s EM SOLUTION Tel: 64560226

of 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY

Policy No: _____ Claim No: CMTD2001929

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/06/2020
(Client's Record) "WP"

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

Date/Time: 29-6-20 11.14A.M Person Contacted: JOSEPHINE Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	GBE 6541R - X
	SJK 7856A - X