

ASS. REC. BY:

REF: CS/SMO20006942/Uqf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 3/7/2020 12:15 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGX 4962M Insured: GBE 9566Aat Workshop m/s VISION AUTOWORK Tel: 9856 4815of 8 Kaki Bukit Avenue 4 #08-09 PremierPolicy No: _____ Claim No: CMTD2001989/SYH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02.07.20(Client's Record) "WP"

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

Date/Time: 3-7-20 1.00P.M Person Contacted: MICHELLE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SGX 4962M - ☒
	GBE 9566A - ☒