

ASS. REC. BY:

REF: CS/FWD20007097/Ksf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): VENESSA CHAN of FWD Date/Time: 8/7/2020 10:45 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKE 1015U Insured: SJH 4858Eat Workshop m/s H C Auto Pte Ltd Tel: 94570678of 160 Sin Ming Drive #05-09 Sin Ming Auto City

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 6 JULY 2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 8-7-20 11.00A.M Person Contacted: JOE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SKE 1015U - ☒
	SJH 4858E - CC4/FWD20006407/Apa3 DOA : 17/06/2020