

ASS. REC. BY:

REF:CS3/FCI20007108/T1sf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): MERINE CHIA of FCI Date/Time: 8/7/2020 1:12 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SBS 8685Y Insured: SHB 2882C

at Workshop m/s SBS TRANSIT Tel: 97660306

of Bedok north depot 1470 bedok north ave 4

Policy No: _____ Claim No: D20002698MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 4-7-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 8-7-2020 1.10P.M Person Contacted: GARY Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SBS 8685Y - NA/INC10021490/c DOA : 26/10/2010
	SHB 2882C - CC4/III17008188/Sea3q2 DOA : 22/04/2017