

ASS. REC. BY:

REF: CS/SMO20007749/Kvf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 28/7/2020 9:56 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLP 2169H Insured: GBC 7663B

at Workshop m/s H C Auto Pte Ltd Tel: 9457-0678

of 160 Sin Ming Drive #05-09 Sin Ming Auto City

Policy No: _____ Claim No: CMTD2002214/TH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27.07.20
(Client's Record)

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

Date/Time: 28-7-20 10.07A.M Person Contacted: JOE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLP 2169H - <input checked="" type="checkbox"/>
	GBC 7663B - <input checked="" type="checkbox"/>
<u>29/7/20</u>	<u>Email preli revised to Thelma</u>
<u>28/8/20</u>	<u>@3.17pm LS \$9650 confirmed with Joe (Red 7894.09, 45%)</u>