

ASS. REC. BY:

REF: CS/GAI20008533/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Kelvyna Ngian of GAI Date/Time: 14-8-20 5.01 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMS 2820H Insured: SMS 5155Aat Workshop m/s Spark Car Care Tel: 9832 8740of 205 BRADDELL RDPolicy No: _____ Claim No: CLMOMVP000001085

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07.08.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 17-8-20 1.33P.M Person Contacted: ANDREW Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMS 2820H-X
	SMS 5155A-X