

ASS. REC. BY:

REF: CS/III20008642/Usf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 18/8/2020 3:27 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLL 4443Z Insured: SHC 2754Jat Workshop m/s Siang Hui Motor Works Tel: 96309032of Blk 3006 Ubi Road 1 #01-338 Singapore 408700

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15-8-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-8-20 4.43P.M Person Contacted: TAY Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLL 4443Z - ☒
	SHC 2754J - ☒