

ASS. REC. BY:

REF: CS/III20008937/Gsf3

Special Instruction:

Surveyor: GQ ASSIGNMENT (Office)

From (Person): Gabriel Wee of III Date/Time: 25/8/2020 9:21 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMK 7983E Insured: SH 9102M

at Workshop m/s Teamwork Garage Pte Ltd Tel: 68442475

of 53 UBI AVENUE 1, #01-16 PAYA UBI IND. PARK

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20-8-20
(Client's Record)

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

Date/Time: 25-8-20 11.00A.M Person Contacted: SHU SHAN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMK 7983E- <input checked="" type="checkbox"/>
	SH 9102M- CC4/III20008151/Ups3 DOA :03/08/2020