

ASS. REC. BY:

REF: CS3/III20009658/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 9/9/2020 1:38 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SG 5420B Insured: SHC 1772Mat Workshop m/s SBS TRANSIT Tel: 63837815of Hougang Depot 4, Defu Avenue 1

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02/09/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 09-09-20 1.52P.M Person Contacted: BOON HUAN Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SG 5420B - ☒
	SHC 1772M- NS/INC20008591/T1qf3n2 DOA :14/08/2020