

ASS. REC. BY:

REF: CS/SMO20009873/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 15/9/2020 12:26 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMK 7991G Insured: GBF 6859Uat Workshop m/s Vermogen Ace Pte Ltd Tel: 9128 8559of 60 Jalan Lam Huat #03-35/36Policy No: _____ Claim No: CMTD2002687/GPL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/09/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 15-09-20 1.17P.M Person Contacted: PAOLO Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMK 7991G- ☒
	GBF 6859U- ☒