

ASS. REC. BY:

REF: CS3/III20010028/Qvf3

Special Instruction:

Surveyor: SUN PINASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 18/9/2020 8:41 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBP 2708X Insured: SH 9623Bat Workshop m/s AM MOTORWERKZ Tel: 83633050of 50 Serangoon North Ave 4 #05-10 First CentrePolicy No: D20MTMC01001678 Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-9-20 3.51P.M Person Contacted: SAM Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	INP:61 Woodlands Industrial Park E9
	FBP 2708X- ☒
	SH 9623B- CC3/AIG13000722/H1g2t2q2 DOA :08/01/2013
22/9/20	Submit PRS