

ASS. REC. BY:

REF: CS/CTI20010132/Kqf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): Cecilia Lowof CTIDate/Time: 21 Sep 2020 17:00

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: _____

GBE 9246Z

Insured: _____

SJW 5873Aat Workshop m/s Fulco Autocare Pte LtdTel: 85877799of 176 SIN MING DRIVE #03-02 SIN MING AUTOCARE

Policy No: _____

DMHCSNW00001722000

Claim No: _____

SNM20D203348C02

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 14/09/2020

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 21-9-20 5.11P.M

Person Contacted: _____

JENNYVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>GBE 9246Z-X</u>
	<u>SJW 5873A- NA/CTI19006705/z4</u> <u>DOA :13/04/2019</u>