

ASS. REC. BY:

REF: CS/AGI20010341/Uyf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 25/9/2020 4:57 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMF 7584A Insured: _____

at Workshop m/s SEAT CENTRE SINGAPORE Tel: 98531969

of 3 Ubi Road 4 Singapore 408608

Policy No: _____ Claim No: C10007355/JM

Sum Insured: _____ Excess: \$600.00

Make of Veh: _____ D.O.A. 18-9-20
(Client's Record)

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

Date/Time: 28-9-20 8.53A.M Person Contacted: Christopher Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	INSP: NISSAN UBI SERVICE CENTER-19 UBI RD 4 SMF 7584A- CS4/FCI20010103/Nvf3 DOA : 18/09/2020