

ASS. REC. BY:

REF: CS/SMO20010416/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 29/9/2020 11:35 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKF 6270K Insured: GBD 4401Eat Workshop m/s Teamwork Garage Pte Ltd Tel: 6844 2475of Blk 53 Ubi Avenue 1 #01-24Policy No: _____ Claim No: CMTD2002825/THE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25.09.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 29-9-20 11.39A.M Person Contacted: SHU SHAN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SKF 6270K- CS/SMO19012591/Etf3e2 DOA :10/07/2019
	GBD 4401E- X