

ASS. REC. BY:

REF: CS3/FCI20010615/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): MERINA CHIA of FCI Date/Time: 6/10/2020 2:30 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKN 8200H Insured: SHC 7264Zat Workshop m/s REVOL CARZ GARAGE Tel: 67466281/ 97406855of BLOCK 10 ANG MO KIO IND PARK 2A #02-18 AMK AUTO POINTPolicy No: _____ Claim No: D20003964MFSH/1

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29-09-2020
(Client's Record)CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 6-10-20 2.39P.M Person Contacted: GAVIN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SKN 8200H- CC4/FCI20010615/ea3 DOA :29/09/2020
	SHC 7264Z- CC4/FCI20010615/ea3 DOA :29/09/2020