22/03/2002

ASS. REC. BY: | REF: CS/GAI20011451/Ktf3 | Special Instruction:

Surveyor : KENNETH **ASSIGNMENT (Office)**

From (Person): SHERY WONG of GAI Date/Time: 21/10/2020 4:35 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJP 5750H Insured: XD 2097C

at Workshop m/s S Three Automotive Recovery Pte Ltd Tel: 6284 1542

of Blk 8 Sin Ming Industrial Estate #01-64/66

Policy No: Claim No: CLMOMVC000003898

Sum Insured: Excess:

Make of Veh: D.O.A 20.10.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 21-10-20 4.44P.M Person Contacted: MICHELLE Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJP 5750H- X
	XD 2097C- X