

ASS. REC. BY:

REF: CS/SMO20011558/AUqf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 22/10/2020 12:17 PM

Estimated Cost: _____ Bill to: _____

OD-☒TP/WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SME 5402K Insured: SMS 5281Tat Workshop m/s CAS Garage Pte. Ltd. Tel: 8782 7171of No.1 Kaki Bukit Ave 6 #02-22Policy No: _____ Claim No: CMTD2003079/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21.10.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 22-10-20 1.21P.M Person Contacted: ALLAN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SME 5402K- ☒
	SMS 5281T- ☒