

ASS. REC. BY:

REF: CS/AGI20011589/Kqf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 26/10/2020 3:21 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHD 9912T Insured: SME 4953Tat Workshop m/s TRANS-CAB Tel: 62876666of NO 2 ANG MO KIO STREET 63Policy No: _____ Claim No: C10007740

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24.10.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 26-10-20 3.27P.MPerson Contacted: CANDYVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SHD 9912T- CC3/TMI19014193/Kqd3n2 DOA :11/08/2019
	SME 4953T- ☒