

ASS. REC. BY:

REF: CS/SMO20011665/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GRACE TEOof SMODate/Time: 27/10/2020 12:51 PM

Estimated Cost: _____

Bill to: _____

OD / ☒ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLN 7070KInsured: SLD 7012Gat Workshop m/s Teamwork Garage Pte LtdTel: 68442475of 53 UBI AVE 1 #02-24 PAYA UBI INDUSTRIAL PARK

Policy No: _____

Claim No: CMTD2003108/RUC

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 23.10.20

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27-10-20 1.04P.M

Person Contacted: _____

DARRENVehicle IN OUT

Date/Time

Action/Instruction (☒) EstimateSLN 7070K- ☒

SLD 7012G- CC6/AIG17018890/Uua3q2 DOA :02/10/2017