

ASS. REC. BY:

REF: CS/III20011675/Gqf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 27/10/2020 2:09 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FR 7886Z Insured: SHB 4111Gat Workshop m/s YP MOTORSPORT Tel: 97330686of BLK 9004 TAMPINES ST 93 #01-92 SINGAPORE 528836

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02.10.2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27-10-20 2.14P.M Person Contacted: THOMAS Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	FR 7886Z- CS1/LAW10003041/Dpg1 DOA :2/03/2008
	SHB 4111G- CC4/III18020331/Uhb3q2 DOA :01/11/2018