

ASS. REC. BY:

REF: CS3/FCI20011688/T1vf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): MERINA CHIA SAN SAN of FCI Date/Time: 27/10/2020 3:30 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMT 9868U Insured: SHB 4932Dat Workshop m/s 1ST MOTOR PRO PTE LTD Tel: 91826686of 48 TOH GUAN ROAD EAST #05-139Policy No: _____ Claim No: D20004310MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20-10-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27-10-20 3.36P.M Person Contacted: SHARON Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMT 9868U-
	SHB 4932D-
4/11/20	Submit PRS, MV:\$78K