

ASS. REC. BY:

REF: CS/MSG20012334/Kqf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): CRYSTAL LEE of MSIG Date/Time: 10-11-2 4.57P.M

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBD 5666B Insured: SLX 5784Uat Workshop m/s Cheng Hoe Motor Pte Ltd Tel: 67556142of BLK 1019 YISHUN IND. PARK A #01-374/382Policy No: 30001551640 Claim No: 249594

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09/11/20
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 10-11-20 5.06P.M Person Contacted: JUNE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	GBD 5666B- ☒
	SLX 5784U- ☒