

ASS. REC. BY:

REF: CS/MSG20012653/Dtf3

Special Instruction:

Surveyor: BRYANASSIGNMENT (Office)From (Person): CRSTAL LEE of MSIG Date/Time: 17/11/2020 3:05 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBH 1550G Insured: SLL 3213Cat Workshop m/s SG 98 MOTOR Tel: 64524898of Blk 4001 #01-21 Ang Mo Kio Industrial Park 1

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12-11-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 17-11-20 3.49P.M Person Contacted: ROSE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	FBH 1550G- ☒
	SLL 3213C- ☒