

ASS. REC. BY:

REF: CS/FCI20012977/Ktf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): WOO JUN KIATERIC of FCI Date/Time: 24/11/2020 6:21 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGZ 1121H Insured: SHB 3949Mat Workshop m/s EM SOLUTION PTE LTD Tel: 64560226/ 91018302of 160, SIN MING DRIVE, #03-18/19, SIN MING AUTOCITYPolicy No: _____ Claim No: D20004798MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23-11-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 25-11-20 9.34A.M Person Contacted: BERNARD Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SGZ 1121H- NBA/LIP15018319/e1 DOA :27/10/2015
	SHB 3949M- CV1/VAL17022910/v DOA : 24/11/2017