

ASS. REC. BY:

REF: CS/SMO20013018/AUvf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 25/11/2020 4:04 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGR 249Y Insured: SFR 83Uat Workshop m/s Best Solution Autocare Pte Ltd Tel: 85880777of 53 Ubi Avenue 1 #03-01 Paya Ubi

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22-11-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 25-11-20 4.36P.M Person Contacted: CUI PING Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SGR 249Y- ☒
	SFR 83U- ☒