

ASS. REC. BY:

REF: CS/III20013117/T1qf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 26/11/2020 11:49 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SBS 6872L Insured: SHA 1214Tat Workshop m/s SBST Workshop Tel: 81335877of 3 Yio Chu Kang Crescent roadPolicy No: MCOM0015 Claim No: _____

Sum Insured: _____ Excess: _____

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

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 27-11-20 3.37P.M Person Contacted: GUANG Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SBS 6872L- X
	SHA 1214T- CC3/III19001416/Kgb3 DOA : 17/01/2019