

ASS. REC. BY:

REF: CS/SMO20013516/Uqf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 8/12/2020 1:12 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLJ 436G Insured: GBF 2185Gat Workshop m/s Teamwork Garage Pte Ltd Tel: 68442475of 53 Ubi Avenue 1 #01-24 Paya Ubi Industrial ParkPolicy No: _____ Claim No: CMTD2003558/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05-12-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 08-12-20 1.20P.MPerson Contacted: DARREN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLJ 436G- NM/LIP20013481/z4 DOA:05/12/2020
	GBF 2185G- NM/LIP20013481/z4 DOA :05/12/2020