

12/17/2000

REF: CS3/SMO21000351/Uvd3

Special Instruction:

ASS. REC. BY:

Surveyor: MARCUS ASSIGNMENT (Office)
From (Person): GRACE TEO of SMO Date/Time: 08/01/2021@10.57am

Estimated Cost: _____ Bill to: _____

OD TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SKT 6901A Insured: GBH 1401D

at Workshop m/s CARSMITH PRIVATE LIMITED Tel: 9091 0000

of 13 KAKI BUKIT ROAD 4 #01-20

Policy No: _____ Claim No: CMTD2100076/GPL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' H.O.D. Endorsement: _____

Date/Time: 11.37AM@08/01/21 Person Contacted: ALEX Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SKT 6901A-X
	GBH 1401D-X
13/1/21	Submit PRS, repair range \$2,000-\$3,000