

ASS. REC. BY:

REF: CS/SMO21000658/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 14/1/2021 9:05 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKW 4742P Insured: SMD 8900Aat Workshop m/s Zoom Autowerks Pte Ltd Tel: 9450 7920of Blk 15 Kaki Bukit Road 4, Bartley Biz Centre, #01-53Policy No: _____ Claim No: CMTD2100132/MYE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 14-01-2021 9.35A.M Person Contacted: ELIN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SKW 4742P- ☒
	SMD 8900A- ☒