

ASS. REC. BY:

REF: CS/III21000669/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GABRIEL WEEof IIIDate/Time: 14/1/2021 10:10 AM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: _____

SLT 7313D

Insured: _____

at Workshop m/s _____

Hup Motor Trading & Service

Tel: _____

9815 4655of Blk 9004 Tampines St 93 #01-120

Policy No: _____

Claim No: _____

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 12/01/21

(Client's Record)

CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 14-01-2021 11.41A.MPerson Contacted: DAVIDVehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SLT 7313D- X</u>