

ASS. REC. BY:

REF: CS/SMO21000887/Utf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 19/1/2021 11:38 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJR 4262X Insured: GBG 3152Pat Workshop m/s YI HENG MOTOR WORKSHOP Tel: 6509 0052of 1 KAKI BUKIT AVENUE 6 #02-19 AUTOBAY @ KAKI BUKITPolicy No: _____ Claim No: CMTD2100193/AGC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17.01.21
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 19-01-21 1.47P.MPerson Contacted: JASONVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SJR 4262X- CS/INC10012306/Kfg1 DOA :11/04/2010
	GBG 3152P- ☒