

ASS. REC. BY:

REF: CS/UOI21000961/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): JOSEPHINE WONG of UOI Date/Time: 20/1/2021 2:46 PM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLL 3962Z Insured: _____at Workshop m/s Euro Success Serv Pte Ltd Tel: 92319679of 1 Kaki Bukit Autobay 02-03Policy No: _____ Claim No: M12D14712102Sum Insured: _____ Excess: \$1,500Make of Veh: _____ D.O.A. 16/01/21
(Client's Record)CA ☒ REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: 20-01-21 2.52P.M Person Contacted: KEVIN Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SLL 3962Z - NA/UOI21000782/Y</u> <u>DOA :16/01/2021</u>