

ASS. REC. BY:

REF: CS/SMO21001016/Utf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 21/1/2021 2:38 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLQ 9702S Insured: SGN 3993Hat Workshop m/s Allswell Motor Traders Tel: 9147 8545of 25, Defu Lane 9Policy No: _____ Claim No: CMTD2100220/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20.01.2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 21-01-21 2.43P.M Person Contacted: BEN Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SLQ 9702S - ☒
	SGN 3993H - ☒