

ASS. REC. BY:

REF: CS/SMO21001740/Uvf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 5/2/2021 1:43 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLD 4840C Insured: SLC 713Tat Workshop m/s EURO SUCCESS SERVICES PTE LTD Tel: 9828 9277 / 6742 6231of 1 Kaki Bukit Avenue 6 #02-03 AutobayPolicy No: _____ Claim No: CMTD2100401/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04.02.21
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement: _____

Date/Time: 5-2-21 1.56P.M Person Contacted: KEVIN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLD 4840C - ☒
	SLC 713T - ☒
<u>22/2/21</u>	<u>Email preli revised to Ruth</u>