

12/17/2000

REF: CS/UOI21001967/Aqd3

Special Instruction:

ASS. REC. BY:

SURVEYOR: ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI

Date/Time: 09/02/2021@4.15PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBJ 6111Y

Insured: GBC 2340R

at Workshop m/s MOTORICARZ GARAGE

Tel: 6844 4290

of 53 UBI AVENUE 1# 01-25

Policy No: _____ Claim No: M11D12042102

Sum Insured: _____ Excess: _____

Make of Veh:
(Client's Record)

D.O.A. 06/02/2021

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

H.O.D. Endorsement: _____

Date/Time 4.37PM@09/02/21

Person Contacted: ELMA

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	Repairer agreed to survey on 10/02/2021
	GBJ 6111Y-NA/LIP21001837/h4	DOA: 06/02/2021
	GBC 2340R-NA/LIP21001837/h4	DOA: 06/02/2021