

ASS. REC. BY:

REF: CS/SMO21002183/Utf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 16/2/2021 1:23 PM

Estimated Cost: _____ Bill to: _____

OD-TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBC 8244X Insured: SKM 53Zat Workshop m/s RYDER Tel: 67418277of 2 Kaki Bukit Ave 2, #02-19 / 22 AutoHub @ Kaki BukitPolicy No: _____ Claim No: CMTD2100505/THE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15 Feb2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 16-02-2021 2.07P.M Person Contacted: JUNE Vehicle IN OUT

Date/Time	Action/Instruction (☒) Estimate
	GBC 8244X- ☒
	SKM 53Z- ☒