

ASS. REC. BY:

REF: CS/ASM21002270/Uqf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): DANIEL PAY

of

AXADate/Time: 17/2/2021 4:07 PM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: _____

SLA 4145S

Insured: _____

SLN 3396Y

at Workshop m/s _____

PKS AUTOMOTIVE PTE LTD

Tel: _____

8614 6767of 7 Toh Guan Road East #04-11 Singapore

Policy No: _____

Claim No: _____

S1M0335B

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 09/02/2021

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 17-02-21 4.16P.M

Person Contacted: _____

SHAWNVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate	INSP:8 Kaki Bukit Ave 4 #01-52 s(415875)
	SLA 4145S- NA/INC21002034/r3	DOA :09/02/2021
	SLN 3396Y - NA/INC21002034/r3	DOA : 09/02/2021