

ASS. REC. BY:

REF: CS/DOI21002657/Uqf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): JOSEPHINE WONG of UOI Date/Time: 25/02/2021 @ 6:05PM

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLF8267X Insured: SCX9844Kat Workshop m/s IMPERIUM AUTOMOTIVE Tel: 97489940

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: M11D12212103

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 24/02/2021  
(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle ☒ IN / OUT

| Date/Time | Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate |
|-----------|---------------------------------------------------------------------|
|           | SLF8267X NA/CTI21002620/h4 24/02/2021                               |
|           |                                                                     |
|           |                                                                     |
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