

ASS. REC. BY:

REF: CS/SMO21002692/T1tf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): GRACE TEO of CTI Date/Time: 26-02-2021 5:27 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMH 7584P Insured: SLS 2629Gat Workshop m/s AP Automotive Services Pte Ltd Tel: 6970 4786of 56 Loyang Way #06-07, Loyang Enterprise Building, 508775 LoyangPolicy No: _____ Claim No: CMTD2100624/MYE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25.02.21
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 01-03-2021 10.00A.M Person Contacted: JULIANA Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMH 7584P - NA/INC21002648/h4 DOA :25/02/2021
	SLS 2629G- NA/INC21002648/h4 DOA :25/02/2021