

ASS. REC. BY:

REF: CS/SMO21003103/EKtf3

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 9/3/2021 9:00 AM

Estimated Cost: _____ Bill to: _____

OD-~~TP~~ WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLX 1584G Insured: FBP 1449Aat Workshop m/s Mova Automotive Pte Ltd Tel: 6272 3892of BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08Policy No: _____ Claim No: CMTD2100650/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/02/2021
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 09-03-21 2.28P.M Person Contacted: SUANN Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SLX 1584G -X
	FBP 1449A - CS/SMO21002716/Utd3 DOA :27/02/2021