

ASS. REC. BY:

REF: CS3/III21003423/Gqc

Special Instruction:

Surveyor: Guo QiangASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 15/03/2021

Estimated Cost: _____ Bill to: _____

OB / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBB 937M Insured: SHC 8141Mat Workshop m/s PROJECT 8 MOTORWORKS Tel: 86363050 Samof 6 DEFU LANE 10 #01-554 S(539187)

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/07/2020
(Client's Record)CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate

Merimen