

ASS. REC. BY:

REF: CS/SMO21003518/QKqf3

Special Instruction:

Surveyor: SUN PIN ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 18/3/2021 10:49 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHB 5136D Insured: SJM 5884X

at Workshop m/s SMRT Tel: 6866 2671/2

of 60 WOODLANDS INDUSTRIAL PARK E4

Policy No: _____ Claim No: CMTD2100852/MYE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/03/2021
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 18-03-21 11.02A.M Person Contacted: SHANTI Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SHB 5136D - CC3/AIG18020256/T1ka3q2 DOA :
	SJM 5884X - X