

ASS. REC. BY:

REF: CS/III21003608/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): GABRIEL WEE of III Date/Time: 19/3/2021 2:51 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLF 9312S Insured: _____at Workshop m/s EURO SUCCESS SERVICES PTE LTD Tel: 9828 9277 / 6742 6231of 1 Kaki Bukit Avenue 6 #02-03 Autobay

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

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

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 19-03-21 3.05P.M Person Contacted: KEVIN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLF 9312S- X