

ASS. REC. BY:

REF: CS/MSG21004164/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): CRYSTAL LEE of MSIG Date/Time: 31/3/2021 2:28 PM

Estimated Cost: _____ Bill to: _____

OD ☒ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SBS 6873J Insured: SLF 9706Pat Workshop m/s SBST WORKSHOP Tel: 6244 4514 / 6244 4517 (9766 0306)of Bedok Nort Depot 1470 Bedok North Ave 4Policy No: 1001367235 Claim No: 255253

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/03/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 31-03-21 5.17P.M Person Contacted: RAJES Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SBS 6873J- ☒
	SLF 9706P - CC3/LCR17012377/T1wa3q2 DOA :22/06/2017