

ASS. REC. BY:

REF: CS/AGI21004407/Uqf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): IVY RATILLAof AGIDate/Time: 7/4/2021 8:48 AM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: _____

SBK 267R

Insured: _____

SMH 5007C

at Workshop m/s _____

Jin Auto Services Pte LtdTel: 6289 8126of BLK 14 Defu Lane 10 | #01-412 | Singapore 539195

Policy No: _____

Claim No: C10009693/JM

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 05/04/2021

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 07-04-21 10.49A.MPerson Contacted: HONG GUOVehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SBK 267R - ☒
	SMH 5007C - ☒