

ASS. REC. BY:

REF: CS3/SMO21003829/QKqf3-1

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): RUTH CHUA GEK TIANG of SMO Date/Time: 21/5/2021 12:23 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLC 8686K Insured: SMF 503Eat Workshop m/s 833 MOTORSPORTS Tel: 8332 2833of 160 SIN MING DRIVE #02-09 SIN MING AUTOCITYPolicy No: _____ Claim No: CMTD2003420/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07.11.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement: _____

Date/Time: 25-03-21 10.34A.M Person Contacted: ELFRED Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SLC 8686K - ☒
	SMF 503E - ☒