

ASS. REC. BY:

REF: CS/CTL 20005041/ f3

Special Instruction:

Surveyor : _____ ASSIGNMENT (Office)

From (Person): Adeline chng Reinsie of CTL Date/Time: 7.4.2020 12.20p.m

Estimated Cost: _____ Bill to: _____

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

To inspect Vehicle No: 5JG 8463P Insured: SLM 4440B

at Workshop m/s EM Solution Tel: 64560226

of 160 sin ming days #03-18

Policy No: DMPCSA 00023752003 Claim No: SYM20020166402

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 3.4.2022
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 7/14/2020 1:59 p.m. Person Contacted: Bernad Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJG 3463P - CS / AXA 1306 T90 / Rcu2 D.O.A - 23/04/2013
	SLM 4440B - X