

ASS. REC. BY:

REF: CS3/AGI20005995/Evf3

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 28-5-20 9.03A.M

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SDZ 848L Insured: SJF 1476Dat Workshop m/s Automedic Holdings Tel: 9816 - 1909of Blk 25 Synergy @KB #05 - 85 Kaki Bukit Road 4Policy No: _____ Claim No: C10006294

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11-5-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 28-5-20 1.19A.M Person Contacted: JACK Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SDZ 848L - ☒
	SJF 1476D - CV/INC15013120/Rqd1 DOA :
1/6/2020	@10.41am Jack said no est provided
1/6/2020	Submit PRS, repair range \$9000-\$10,000 (4 days)