

ASS. REC. BY:

REF: CS/III20006395/Gvf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 18/6/2020 9:08 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBP 1019H Insured: SMA 6007Hat Workshop m/s TEO SPRAY PAINTING Tel: 62835474of blk 6 Defu lane 10 #01-558Policy No: D19MPC0002941 Claim No: MPC2020D0000586

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23.01.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-6-20 10.23 A.M Person Contacted: SHU QI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	FBP 1019H - NA/III20003676/h4 DOA : 23/01/2020
	SMA 6007H - NA/III20003676/h4 DOA : 23/01/2020