

ASS. REC. BY:

REF: CS3/FCI20006851/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): MAY CHUA of FCI Date/Time: 30/6/2020 5:37 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLK 2100G Insured: SH 7110Cat Workshop m/s REVOL CARZ Tel: 98511447of blk 10 amk industrial park 2A # 02-18Policy No: _____ Claim No: D20002601MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28-6-2020
(Client's Record)CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 1-7-20 9.49A.M Person Contacted: RANDY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLK 2100G - ☒
	SH 7110C - NS/INC17016139/K1tbe2 DOA : 18/08/2017