

ASS. REC. BY:

REF: CS/TMI20006907/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): FRANCIS NG of TMI Date/Time: 02 Jul 2020 11:48

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHD 4236U Insured: SGL 1494Eat Workshop m/s COMFORTDELGRO Tel: 6214 8300of 59 Loyang DrivePolicy No: MJ001016 Claim No: M2003266

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/07/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-7-2020 12.08P.M Person Contacted: JUMANI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SHD 4236U - CC3/FCI20004767/Kka3 DOA : 29/03/2020
	SGL1494E - NA/TMI20004334/h4 DOA : 20/03/2020