

ASS. REC. BY:

REF: CS/FCI20007053/R1qf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): MERINA CHIA of FCI Date/Time: 7/7/2020 11:23 AM

Estimated Cost: _____ Bill to: _____

OD: TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLM 9412A Insured: SHC 0654Cat Workshop m/s 3A AUTOMOTIVE Tel: 67387777of 120 LOWER DELTA ROAD #02-15Policy No: _____ Claim No: D20002645MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16-6-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 7-7-20 1.43P.M Person Contacted: LYDIA Vehicle IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SLM 9412A - CC4/AIG20006402/T1ev3 DOA : 16/06/2020
	SHC 0654C - ☒