

ASS. REC. BY:

REF: CS/III20007206/Atf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 13/7/2020 11:30 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☐ WS ☐ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLN 8000G Insured: SH 8434Lat Workshop m/s MCS Garage Tel: 9270 0917of 10 Kaki Bukit Road 2 #03-25 First East Centre

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09 JULY 2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 13-7-20 11.46A.M Person Contacted: Kendrick Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLN 8000G - ☒
	SH 8434L- CC3/TMI19020441/Fyd3e2 DOA : 16/11/2019