

ASS. REC. BY:

REF: CS/FWD20007414/Asf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): Venessa Chan of FWD Date/Time: 17/7/2020 4:17 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGN 4155D Insured: SKQ 1461Bat Workshop m/s YI HENG MOTOR WORKSHOP Tel: 6509 0052of 1 KAKI BUKIT AVENUE 6 #02-19 AUTOBAY @ KAKI BUKIT

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16.07.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 17-7-20 4.44P.M Person Contacted: JASON Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SGN 4155D- ☒
	SKQ 1461B- ☒