

ASS. REC. BY:

REF: CS/GAI20007650/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): Shery Wong of GAI Date/Time: 24/7/2020 5:02 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: EE 2207Y Insured: YN 6769Gat Workshop m/s KUM CHEW MOTOR WORKSHOP Tel: 64563715of 160 Sin Ming Drive #05-08 Sin Ming AutoCityPolicy No: _____ Claim No: CLMOMVC000003862

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/07/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 24-7-20 5.08P.M Person Contacted: MDM LIM Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	EE 2207Y- ☒
	YN 6769G- ☒