

ASS. REC. BY:

REF: CS3/SGK20008139/R1sf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): Viknesh of III Date/Time: 6/8/2020 12:02 PM

Estimated Cost: _____ Bill to: _____

OD-☒TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SBT 3203H Insured: PUBLIC LIABILITYat Workshop m/s GHEE SENG PAINTA SPRAYING Tel: 96605775of 10 BUROH STREET #08-22

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30-7-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 6-8-20 1.14P.M Person Contacted: TEE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SBT 3203H- CS3/AWA18017612/R1cd3s2 DOA :22/09/2018
	PUBLIC LIABILITY- CS/TP20007577/Ksf3 DOA :16/07/2020
	After Repair: 12.08.2020 @ 12.20pm