

ASS. REC. BY:

REF: CS3/ASM20008432/Etf3

Special Instruction:

Surveyor: STEVEASSIGNMENT (Office)From (Person): RICHARD ANG of AXA Date/Time: 13-8-2020

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKG 7311P Insured: SLK 4215Xat Workshop m/s GARAGE 13 Tel: 63851171of NO 8 KAKI BUKIT AVE 4 #03-46Policy No: _____ Claim No: SOM02RYE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10-8-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 14-8-20 9.52A.M Person Contacted: IRENE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SKG 7311P-
	SLK 4215X -