

ASS. REC. BY:

REF:CS/AGI20008552/Asf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): Ivy Ratilla of AGI Date/Time: 17/8/2020 3:55 PM

Estimated Cost: _____ Bill to: _____

OD-☒TP-WS-TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLX 1063T Insured: SMA 1546Bat Workshop m/s VISION AUTOWORK PTE LTD Tel: 9856 4815of 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki BukitPolicy No: _____ Claim No: C10007025

Sum Insured: _____ Excess: _____

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

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 17-8-20 4.03P.M Person Contacted: MICHELLE Vehicle ☒IN ☐OUT

Date/Time	Action/Instruction (☒) Estimate
	SLX 1063T- ☒
	SMA 1546B- ☒