

ASS. REC. BY:

REF: CS/LPC20009027/Kqf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): Gerald Poh of LPC Date/Time: 26 Aug 2020 14:07

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GX 892H Insured: _____at Workshop m/s K.KIM.HIN Tel: 64527018of 160 Sin Ming Drive #02-20, Sin Ming AutoCityPolicy No: Z/20/VC00/107557 Claim No: 20/20/20/VC00/023571Sum Insured: _____ Excess: \$1,200.00Make of Veh: _____ D.O.A. 09/08/2020
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 26-8-20 2.41P.M Person Contacted: SANDRA Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	GX 892H- ☒