

ASS. REC. BY:

REF: CS/INC20009256/Aqf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): HAZALYSA BTE IBRAHIM of INC Date/Time: 1/9/2020 11:00 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: YQ 2412X Insured: YN 9449Kat Workshop m/s VISION AUTOWORK PTE. LTD. Tel: 9856 4815of KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKITPolicy No: _____ Claim No: MT/1101302-002

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 1-9-20 12.08P.M Person Contacted: MICHELLE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>YQ 2412X-X</u>
	<u>YN 9449K- NA/CTI16015044/k4</u> <u>DOA : 12/08/2016</u>