

ASS. REC. BY:

REF: CS/SMO20009310/EUyf3

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 2/9/2020 9:58 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJU 3797K Insured: FBM 1467Mat Workshop m/s RYDER Tel: 67418277of 2 Kaki Bukit Ave 2, #02-19 / 22 AutoHub @ Kaki Bukit

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 1 Sep 2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 2-9-20 11.27A.M Person Contacted: JUNE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SJU 3797K- NA/INC20009292/h4 DOA:01/09/2020
	FBM 1467M- NA/INC20009292/h4 DOA :01/09/2020