

ASS. REC. BY:

REF: CS/AGI20009347/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): Stanley Lai of AGI Date/Time: 2/9/2020 4:34 PM

Estimated Cost: _____ Bill to: _____

OD ☒ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHF 740X Insured: SLH 6672Lat Workshop m/s TRANS-CAB Tel: 6287 6666of NO.2 ANG MO KIO ST 63 SINGAPORE 569111Policy No: _____ Claim No: C10007129

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27-8-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-9-20 4.47P.M Person Contacted: CANDY Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SHF 740X- CS/AGI18018757/Ktbn2 DOA :13/10/2018
	SLH 6672L- ☒