

ASS. REC. BY:

REF: CS/TMI20009378/T1yf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): CLARA MILAH YEO of TMI Date/Time: 03 Sep 2020 10:22

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHA 1117R Insured: SLN 7351Aat Workshop m/s COMFORTDELGRO Tel: 6214 8300of 59 Loyang DrivePolicy No: _____ Claim No: M2004301

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/09/2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 3-9-20 11.14A.M Person Contacted: JUMANI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SHA 1117R- CC3/AXA13007271/H1hf3q2 DOA :17/04/2013
	SLN 7351A-X