

ASS. REC. BY:

REF: CS/AGI20009543/Aqf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): Ivy Ratilla of AGI Date/Time: 7/9/2020 5:19 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLW 9366Y Insured: SGZ 1937Xat Workshop m/s Vision Auto Work Tel: 6341 6789of 8 Kaki Bukit Avenue 4, #08-09, PremierPolicy No: _____ Claim No: C10007224

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05.09.2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 07-09-20 5.23P.M Person Contacted: MICHELE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLW 9366Y- ☒
	SGZ 1937X- NA/INC09001975/s DOA :28/01/2009