

ASS. REC. BY:

REF: CS/FCI20009898/Asf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): CHRIS LIM of FCI Date/Time: 15/9/2020 4:17 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKE 7963T Insured: SHA 4736Jat Workshop m/s AUTOMOBILE HUB ENTERPRISE Tel: 9786 4483of 1 KAKI BUKIT AVE 6 # 02-11Policy No: _____ Claim No: D20003724MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13-09-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 16-9-20 5.09P.M Person Contacted: SIONG Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SKE 7963T-X</u>
	<u>SHA 4736J- CS/FCI19016323/Ksd3n2 DOA :11/09/2019</u>