

ASS. REC. BY:

REF: CS/ICA20010578/Aqf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): GUO YONG of ICA Date/Time: 2/10/2020 10:09 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMS 362B Insured: QX 821Uat Workshop m/s VISION AUTOWORK PTE LTD Tel: 63416789of 8 KAKI BUKIT AVE 4 #08-09 PREMIERPolicy No: MHAICA06000049383 Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 1-10-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-10-20 10.29A.M Person Contacted: MICHELLE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SMS 362B- X
	QX 821U- X