

ASS. REC. BY:

REF: CS/GAI20010603/R1qf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): MOTORCLAIM of GAI Date/Time: 2/10/2020 2:23 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLG 9362S Insured: GBC 3950Zat Workshop m/s Trans Eurokars Pte Ltd Tel: 8128 9802of 27A Tanjong PenjuruPolicy No: _____ Claim No: CLMOMVC000003890

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19-9-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-10-20 2.27P.M Person Contacted: JESS Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLG 9362S- X
	GBC 3950Z- CS/CTI19017279/Ktf3n2 DOA :27/09/2019