

ASS. REC. BY:

REF: CS/SMO20010723/T1Kyf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 6/10/2020 12:24 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJL 4764X Insured: FP 5709Bat Workshop m/s MOVA Tel: 62623377of 15 Fan Yoong RoadPolicy No: _____ Claim No: CMTD2002923/AGC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/10/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 6-10-20 1.14P.MPerson Contacted: NABILAHVehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SJL 4764X- CC4/AXA16000995/T1ug3q2 DOA :08/01/2016
	FP 5709B- ☒