

ASS. REC. BY:

REF: CS3/ASM20010893/R1sf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): OH VALE of AXA Date/Time: 9/10/2020 10:48 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMR 6655Y Insured: FBK 5332Cat Workshop m/s Garage 13 Pte Ltd Tel: 63851171of 8 kaki bukit ave 4 # 03-46 PREMIERPolicy No: _____ Claim No: SOM02V6Z

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07-10-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 09-10-20 11.03A.M Person Contacted: IRENE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMR 6655Y- ☒
	FBK 5332C- ☒