

ASS. REC. BY:

REF: CS/AGI20011245/Aqf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): Abigail Choo of AGI Date/Time: 16/10/2020 3:28 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMG 4936H Insured: SLE 7057Yat Workshop m/s SW Werkz Pte Ltd Tel: 92712214of Blk 25 Kaki Bukit Rd 4 03-65/ 67/68 Synergy @ KBPolicy No: _____ Claim No: C10007430/LA

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27-9-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 16-10-20 3.33P.M Person Contacted: CHRIS Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMG 4936H- CV1/VAL19012688/Uq DOA : 04/07/2019
	SLE 7057Y- ☒