

ASS. REC. BY:

REF: CS3/III20011781/Gvf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 29/10/2020 10:42 AM

Estimated Cost: _____ Bill to: _____

OD-☒TP/WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBG 8908T Insured: SHB 4033Zat Workshop m/s Everdawn Auto Service Tel: 63851171of 8 kaki ave 4 #01-02 premier

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28.10.20
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 29-10-20 11.51A.M Person Contacted: IRENE Vehicle ☒IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	GBG 8908T- ☒
	SHB 4033Z- NS/INC19007198/K1sd3n2 DOA :17/04/2019
2/11/20	Submit PRS