

ASS. REC. BY:

REF: CS3/III20011789/Gqf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): DERRICK TAN of III Date/Time: 29/10/2020 2:19 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLE 5482R Insured: PC 1632Pat Workshop m/s LKT GROUP Tel: 98300271of Blk 3006 Ubi rd 1 # 01-384

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26-10-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 29-10-20 2.24P.M Person Contacted: MABEL Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SLE 5482R-X</u>
	<u>PC 1632P-X</u>