

ASS. REC. BY:

REF: CI/FCI20005562/Nvf3-1

Special Instruction:

Surveyor: NAZ ASSIGNMENT (Office)From (Person): EILEEN LEE of FCI Date/Time: 5/11/2020 3:31 PM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHA 4128P Insured: _____at Workshop m/s ComfortDelGro Tel: 6548 8418, 65488333of 59 Loyang Drive

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31/03/2020
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: 05-11-20 3.48P.M Person Contacted: _____ Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SHA 4128P- CS/FCI15019421/Avbc2 DOA : 11/11/2015