

ASS. REC. BY:

REF: CS/AGI20012763/Uqf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)

From (Person): Ivy Ratilla of AGI Date/Time: 19/11/2020 4:30 PM

Estimated Cost: _____ Bill to: _____

OD TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLK 7242Y Insured: SJN 5867R

at Workshop m/s KY AUTO PTE LTD Tel: 98073304

of 25 KAKI BUKIT RD 4 #05-23

Policy No: _____ Claim No: C10008037/JM

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18-11-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 19-11-20 4.37P.M Person Contacted: MR LIM Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLK 7242Y- <input checked="" type="checkbox"/>
	SJN 5867R- <input checked="" type="checkbox"/>