

ASS. REC. BY:

REF: CS/SMO20012809/AUVf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): GRACE TEOof SOMPODate/Time: 20/11/2020 4:26 PM

Estimated Cost: _____

Bill to: _____

☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKP 8338J

Insured: _____

at Workshop m/s J-MART MOTORTel: 63430934of BLK 5 DEFU LANE 10 #01-578

Policy No: _____

Claim No: CMTD2003391/IJH

Sum Insured: _____

Excess: 500

Make of Veh: _____

D.O.A. 18.11.20

(Client's Record)

CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 20-11-20 4.32P.MPerson Contacted: ANGIEVehicle ☒ IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKP 8338J- <input checked="" type="checkbox"/>
24/11/20	Revert to Irene by email
24/11/20	Rece authorise from Irene Henry by email excess \$500
24/11/20	Informed Angie C/A excess \$500 by email
23/2/21	Final fig \$18,039.70 confirmed by email (Red 1839.90, 9%)