

ASS. REC. BY:

REF: CS/SMO20012832/T1Kqf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 23/11/2020 8:12 AM

Estimated Cost: _____ Bill to: _____

OD: ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKH 1132Z Insured: SLT 9622Zat Workshop m/s MOVA Tel: 62723892of BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08Policy No: _____ Claim No: CMTD2003381/RUC

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: 23-11-20 9.50A.M Person Contacted: NITHA Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SKH 1132Z- CC4/AIG20001806/Uda3q2 DOA :31/01/2020
	SLT 9622Z- X