

ASS. REC. BY:

REF: CS/INC20012909/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): THERESA VIMALA of INC Date/Time: 24/11/2020 8:29 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLW 3996T Insured: SMQ 9943Bat Workshop m/s PRIME AUTO CLAIMS SERVICE PTE LTD Tel: 68610908of 6 BENOI PLACEPolicy No: _____ Claim No: MT/1081705-002

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/01/2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 24-11-20 9.46 A.M Person Contacted: CHRISSY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLW 3996T- NA/INC20001475/h4 DOA :23/01/2020
	SMQ 9943B- ☒