

ASS. REC. BY:

REF: CS/MSG20013297/AGvf3

Special Instruction:

Surveyor: Adrian ASSIGNMENT (Office)From (Person): CRYSTAL LEE of MSIG Date/Time: 3/12/2020 11:16 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLZ 6278Y Insured: SKW 3604Lat Workshop m/s 1st Auto Pro Pte Ltd Tel: 91883197of 8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28 NOV 2020(Client's Record) "WP"

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

Date/Time: 03-12-20 11.27A.M Person Contacted: CHRISTINA Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLZ 6278Y- NA/INC20013173/z4 DOA: 28/11/2020
	SKW3604L- NA/INC20013173/z4 DOA: 28/11/2020