

ASS. REC. BY:

REF: CS3/ASM20013508/Gqf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): STACEY NG of AXA Date/Time: 8/12/2020 11:22 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐ CSTo Inspect Vehicle No: SLA 3451P Insured: SJB 3782Cat Workshop m/s GARAGE 13 Tel: 63851171of NO8 KAKI BUKIT AVE 4 #03-46Policy No: _____ Claim No: SOM02YBJ

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07-12-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 08-12-20 11.38A.M Person Contacted: IRENE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLA 3451P- <input checked="" type="checkbox"/>
	SJB 3782C- <input checked="" type="checkbox"/>