

ASS. REC. BY:

REF:CS/TMI20013510/T1qf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): FRANCIS NG of TMI Date/Time: 08 Dec 2020 11:48

Estimated Cost: _____ Bill to: _____

OD-☒ TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC 1196B Insured: SLJ 5986Cat Workshop m/s ComfortDelGro Tel: 6214 8300of 59 Loyang DrivePolicy No: MS005643 Claim No: M2006020

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/12/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 08-12-20 12.01P.M Person Contacted: JUMANI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SHC 1196B- CS/FCI19017530/K1yf3n2 DOA :03/10/2019
	SLJ 5986C- NA/TMI20008514/z4 DOA :14/08/2020