

ASS. REC. BY:

REF: CS/AGI20013561/Aqf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): IVY RATILLAof AGIDate/Time: 8/12/2020 4:20 PM

Estimated Cost: _____

Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKP 46D

Insured: _____

SMP 8550Mat Workshop m/s SIN FATT DEISEL MOTOR

Tel: _____

92712214of BLK 3020A UBI ROAD 1 #01-38

Policy No: _____

Claim No: _____

C10008246/LA

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. _____

05-12-2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 08-12-20 4.24P.MPerson Contacted: CHRISVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SKP 46D- ☒
	SMP 8550M- ☒