

ASS. REC. BY:

REF: CS3/ASM20013570/T1qf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): YVONNE ANG of ASM Date/Time: 09-12-20 9.12A.M

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBJ 6396S Insured: SHB 7670Pat Workshop m/s Paul Hoe Enterprise Pte Ltd Tel: 9623 5068of 1 Kaki Bukit Avenue 6 #01-109Policy No: _____ Claim No: SOM02YHK

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07-12-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 09-12-20 9.20A.M Person Contacted: PAUL Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	GBJ 6396S- NA/EQI20013520/h4 DOA :07/12/2020
	SHB 7670P- NA/EQI20013520/h4 DOA: 07/12/2020