

ASS. REC. BY:

REF: CS/AGI20013583/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Ivy Ratilla of AGI Date/Time: 9/12/2020 10:13 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLU 4482M Insured: SLZ 3267Zat Workshop m/s 1st Auto Pro Pte Ltd Tel: 9188 3197of 8 KAKI BUKIT AVENUE 4 PREMIER @ KAKI BUKIT #01-51 & 52Policy No: _____ Claim No: C10008275/LA

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04-12-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement: _____

Date/Time: 09-12-20 10.53A.M Person Contacted: CHRISTINA Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLU 4482M- NA/INC20013451/z4 DOA :04/12/2020
	SLZ 3267Z- NA/INC20013451/z4 DOA :04/12/2020