

12/12/2020

REF: CS/SMO20013740/d3

Special Instruction:

ASS. REC. BY:

SURVEYOR: ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 11/12/2020@ 4.34PM

Estimated Cost: _____ Bill to: _____

OD: TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBK 4240R Insured: YN 9526X

at Workshop m/s AH CHANG MOTOR Tel: 6483 5434

of Bik 10 AMK IND, PARK 2A #03-16

Policy No: _____ Claim No: CMTD2003633/AGC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 9/12/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' H.O.D. Endorsement: _____

Date/Time: 4.46PM@11/12/2020 Person Contacted: DIANA Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	Repairer agreed to survey on 14/12/2020
	GBK 4240R-X
	YN 9526X-X