

ASS. REC. BY:

REF: CS3/ASM20013835/R1qf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): YVONNE ANG of AXA Date/Time: 15/12/2020 1:34 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLC 2637S Insured: SMM 3465Aat Workshop m/s 1st Motor Pro Pte. Ltd. Tel: 8778 6767/ 9182 6686of 48 Toh Guan Road East Enterprise Hub #05-139Policy No: _____ Claim No: SOM02YME

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08-12-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 15-12-20 1.40P.M Person Contacted: SHARON Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLC 2637S- NA/MSG19010272/z4 DOA :11/06/2019
	SMM 3465A- ☒