

ASS. REC. BY:

REF: CS3/SMO20013911/T1Uf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 16/12/2020 11:22 AM

Estimated Cost: _____ Bill to: _____

OD-☒/WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SY 234K Insured: SJS 9889Aat Workshop m/s HUP LEY HUAT Tel: 96773832of BLK 1 KAKI BUKIT AVE 6 # 01-35Policy No: _____ Claim No: CMTD2003645/THE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11-December-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 16-12-20 11.27A.MPerson Contacted: MR TAN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SY 234K- ☒
	SJS 9889A- ☒