

ASS. REC. BY:

REF: CS3/ASM20014177/Gvf3

Special Instruction:

Surveyor: GQ ASSIGNMENT (Office)From (Person): KITTY TEO of AXA Date/Time: 21/12/2020 11:01 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGK 5088Z Insured: GW 6110Yat Workshop m/s GARAGE 13 Tel: 63851171of NO8 KAKI BUKIT AVE 4 #03-46Policy No: _____ Claim No: S0M02Z6L

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18-12-2020
(Client's Record)

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

Date/Time: 21-12-20 11.08 A.M Person Contacted: GERMAINE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SGK 5088Z- ☒
	GW 6110Y- ☒