

ASS. REC. BY:

REF: CS/SMO21000547/R1Ktf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)

From (Person): GRACE TEO of SMO Date/Time: 12/1/2021 2:54 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLM 8784H Insured: SLH 7372X

at Workshop m/s 3A AUTOMOBILE Tel: 6738 7777

of BLK 1002 BUKIT MERAH LANE 3 #01-73

Policy No: _____ Claim No: CMTD2100124/THE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07.01.21
(Client's Record)

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

Date/Time: 12-01-2021 Person Contacted: ALVIN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLM 8784H- CC3/LCR17013184/K1wg3q2 DOA: 06/07/2017
	SLH 7372X- CS3/MSG18012301/Gvd3e2-1 DOA :29/06/2018