

ASS. REC. BY:

REF: CS/AGI21000747/f3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 15/1/2021 3:19 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMX 898X Insured: SLN 7131T

at Workshop m/s MBM WHEEL POWER Tel: 86865188

of 160 Sin Ming Drive • #06-02

Policy No: _____ Claim No: C10008686/ST

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12-01-2021
(Client's Record)

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

Date/Time: 158-01-2021 3.22P.M Person Contacted: SHIRLEY Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMX 898X - <input checked="" type="checkbox"/>
	SLN 7131T - CS/AGI19009198/Asd3n2 DOA :14/05/2019