

ASS. REC. BY:

REF: CS3/III21000837/T1qf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): GABRIEL WEE of III Date/Time: 18/1/2021 5:16 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLL 6826P Insured: SLQ 774Tat Workshop m/s GARAGE 13 Tel: 6385 1171of 8 kaki bukit ave 4 03-46 premier@kbPolicy No: D21MFL0000447 Claim No: MFL2021D0000338

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17.01.21
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 18-01-21 5.28P.M Person Contacted: IRENE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLL 6826P- ☒
	SLQ 774T- ☒