22/03/2002

ASS. REC. BY: | REF: CS/GAI21000895/Ktf3 | Special Instruction:

Surveyor: KENNETH **ASSIGNMENT (Office)**

From (Person): SHERY WONG of GAI Date/Time: 19/1/2021 3:02 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 604S Insured: GBD 6607R

at Workshop m/s TRANS-CAB Tel: 9170 9485

of NO 2 AMK STREET 63

Policy No: Claim No: CLMOMVC000003950

Sum Insured: Excess:

Make of Veh: D.O.A. 15.01.2021
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 19-01-21 3.03P.M Person Contacted: ZHE WEI Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 604S - X
	GBD 6607R- X