

ASS. REC. BY:

REF: CS3/III20010078/Gtf3-1

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): DERRICK TAN of III Date/Time: 21/1/2021 9:15 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKV 2830L Insured: SHB 6235Uat Workshop m/s TRIPLE T Tel: 63851171of BLK 5 DEFU LANE 10 #01-574Policy No: _____ Claim No: MCT20090216

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12.09.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 21-9-20 1.23P.MPerson Contacted: IRENEVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	Insp: NO 68 KAKI BUKIT AVE 6 #04-11 @ KB
	SKV 2830L- ☒
	SKV 2830L- ☒