

ASS. REC. BY:

REF: CS/SMO21000989/R1Ktf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 21/1/2021 8:49 AM

Estimated Cost: _____ Bill to: _____

OD ☒ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJQ 1004A Insured: YN 9539Jat Workshop m/s MOVA Tel: 6262 3377of 15 Fan Yoong RoadPolicy No: _____ Claim No: CMTD2100104/MYE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09/01/2021
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 21-01-21 8.51A.MPerson Contacted: NABILAH Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SJQ 1004A-X</u>
	<u>YN 9539J-X</u>