

ASS. REC. BY:

REF: CS/ASM21001599/Gtf3

Special Instruction:

Surveyor: GQ ASSIGNMENT (Office)From (Person): JOHNHY YONG of AXA Date/Time: 2-2-2021

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBN 5914H Insured: SMC 6531Aat Workshop m/s JC AUTO Tel: 97433222of BLK 13 KAKI BUKIT RD 4 #01-16Policy No: _____ Claim No: S1M030WT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18-01-2021
(Client's Record)

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

Date/Time: 2-2-21 6.55P.M Person Contacted: JIMMY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	FBN 5914H- ☒
	SMC 6531A - ☒