

ASS. REC. BY:

REF: CS/SMO21001600/Uqf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): GRACE TEO of SMO Date/Time: 2/2/2021 4:20 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMU 7577S Insured: GBK 4571Kat Workshop m/s BIFROST Tel: 93290237of 8 Kaki Bukit Ave 4 #01-49, Premier @ Kaki BukitPolicy No: _____ Claim No: CMTD2100334/MYE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-2-21 7.13P.MPerson Contacted: IKHWAN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMU 7577S- ☒
	GBK 4571K - ☒