

ASS. REC. BY:

REF: CS/AGI21001601/Kvf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 2/2/2021 4:18 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMN 440K Insured: SMF 9897Jat Workshop m/s Optima Werkz Pte Ltd Tel: 6481 1522of 10 Ang Mo Kio Industrial Park 2A #01-05 AMK AutopointPolicy No: _____ Claim No: C10008896/JM

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/01/2021
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 2-2-2021 7.22P.M Person Contacted: CHIO Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMN 440K - ☒
	SMF 9897J - ☒