

ASS. REC. BY:

REF: CS/AGI21001638/Atf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 3/2/2021 12:57 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJH 5134D Insured: SMS 4740Sat Workshop m/s Kang Car Repairers Pte Ltd Tel: 6747 7636of NO.1 KAKI BUKIT AVE 6 #02-06 AUTOBAY @ KAKI BUKITPolicy No: _____ Claim No: C10008929/CH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02.02.2021
(Client's Record)

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

Date/Time: 03-02-21 3.19P.M Person Contacted: SHARON Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SJH 5134D - X</u>
	<u>SMS 4740S - X</u>