

ASS. REC. BY:

REF: CS3/ASM21001643/T1vf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): YVONNE ANGof AXADate/Time: 3/2/2021 3:38 PM

Estimated Cost: _____

Bill to: _____

OD-IP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMU 2638HInsured: FBP 3909Bat Workshop m/s GARAGE 13Tel: 63851171of 8 Kaki Bukit Ave 4 #03-46 Premier@KB

Policy No: _____

Claim No: S1M0320Q

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 01-02-2021

(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 03-02-21 4.19 P.MPerson Contacted: IRENEVehicle IN OUT

Date/Time

Action/Instruction (X) Estimate

SMU 2638H- NA/CTI21001595/r3

DOA :01/02/2021

FBP 3909B- X