

Surveyor: ADRIAN ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 3/2/2021 5:40 PM

Estimated Cost: _____ Bill to: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLG 6168G Insured: SLZ 2398K

at Workshop m/s YSK Auto Workshop Tel: 9640-2541

of No. 1 Kaki Bukit Avenue 6, #01-49, Autobay, Singapore 417883

Policy No: _____ Claim No: C10008916/ST

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: 4-2-21 1.13P.M Person Contacted: DANNY Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLG 6168G -X
	SLZ 2398K -X