

ASS. REC. BY:

REF: CS3/ASM21001697/T1tf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): LEE LAM CHONG of AXA Date/Time: 4/2/2021 3:08 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLH 631U Insured: SMH 7719Tat Workshop m/s SAT (SG) PTE LTD Tel: 94503953of 8 Kaki Bukit Avenue 4, #03-41/03-42 Premier@Kaki Bukit Singapore 415875Policy No: _____ Claim No: S1M03222

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: 4-2-21 4.00P.M Person Contacted: SHIEN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLH 631U- ☒
	SMH 7719T- ☒