

ASS. REC. BY:

REF: CS3/LPC21001726/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): GERALD POH of LPC Date/Time: 5/2/2021 10:11 AM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLL 7636P Insured: YP 4870Zat Workshop m/s GARAGE 13 Tel: 96664445of 8 KAKI BUKIT AVE 4 #03-46 PREMIERPolicy No: _____ Claim No: 20/21/21/VC00/024205

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03.02.2021
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 5-2-21 10.57A.M Person Contacted: IRENE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SLL 7636P - NA/INC21001682/h4 DOA :03/02/2021
	YP 4870Z - NA/INC21001682/h4 DOA :03/02/2021