

ASS. REC. BY:

REF: CS/ASM21001739/R1qf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): WONG WEE FU of AXA Date/Time: 5/2/2021 9:03 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLZ 1995T Insured: SKG 2164Eat Workshop m/s GOODFELLAS AUTO SERVICE CENTRE PTE LTD Tel: 9788 5358 / 8721 6988of 7 SOON LEE STREET, #01-37 ISPACEPolicy No: _____ Claim No: S1M031VC

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: 5-2-21 1.32P.MPerson Contacted: ADRIANVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLZ 1995T- ☒
	SKG 2164E - ☒