

ASS. REC. BY:

REF: CS3/LPC20011905/Etf3-1

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)

From (Person): Gerald Poh of LPC Date/Time: 5/2/2021 3:19 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLX 8804B Insured: YK 8881S

at Workshop m/s Nxpress Performance Pte Ltd Tel: 8127 0834

of 25, Kaki Bukit Road 4, Synergy @ KB, #01-39

Policy No: _____ Claim No: 20/20/20/VC00/023830

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28-10-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 2-11-20 1.34P.M Person Contacted: MR PAM Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SLX 8804B - X
	YK 8881S- X