

ASS. REC. BY:

REF: CS/AGI21001925/Kqf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 9/2/2021 12:58 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLT 1826E Insured: SKG 7611Zat Workshop m/s Optima Werkz Pte Ltd Tel: 6481 1522of 9A SERANGOON NORTH AVE 5Policy No: _____ Claim No: C10008953/JM

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/02/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 09-02-21 1.32P.M Person Contacted: LILY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLT 1826E - ☒
	SKG 7611Z - ☒