

ASS. REC. BY:

REF: CS/ASM21002010/Avf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): CHEN XIN YU of AXA Date/Time: 10/2/2021 11:48 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJR 358E Insured: GBC 2021Lat Workshop m/s AUTOMOBILE HUB ENTERPRISE Tel: 97864483of 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY @ KAKI BUKITPolicy No: _____ Claim No: S1M0328J

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04-02-21
(Client's Record)

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

Date/Time: 10-2-21 2.13P.M Person Contacted: LIM Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SJR 358E - X</u>
	<u>GBC 2021L - X</u>