

ASS. REC. BY:

REF: CS3/ASM21002158/Gqf3

Special Instruction:

Surveyor: GQ ASSIGNMENT (Office)

From (Person): RICHARD ANG of AXA Date/Time: 16/2/2021 10:08 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKB 795Z Insured: SHA 7781H

at Workshop m/s Teamwork Garage Pte Ltd Tel: 68442475

of Blk 53 Ubi Avenue 1#01-24 Paya Ubi

Policy No: _____ Claim No: S1M032MK

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07-02-2021
(Client's Record)

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

Date/Time: 16-02-21 10.35A.M Person Contacted: DARREN Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKB 795Z - <input checked="" type="checkbox"/>
	SHA 7781H - <input checked="" type="checkbox"/>