

ASS. REC. BY:

REF: CS3/GRB21002215/Nvf3

Special Instruction:

Surveyor: NAZ ASSIGNMENT (Office)From (Person): GABRIEL WEE of III Date/Time: 16 February 2021 5:06 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SCW 8880S Insured: SLS 9851Jat Workshop m/s 3 MOTORWERKZ CONCEPT Tel: 9797 2800of 25 KAKI BUKIT ROAD 4 SYNERGY @ KB #01-42

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/02/2021
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 16-02-2021 5.53P.M Person Contacted: JAY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SCW 8880S - <input checked="" type="checkbox"/>
	SLS 9851J - <input checked="" type="checkbox"/>
19/2/21	Submit PRS