

12/17/2000

REF: CS/MSG21002295/Utd3

Special Instruction:

ASS. REC. BY:

Surveyor: MARCUS ASSIGNMENT (Office)
Merimen From (Person): FIEVEL FOO of MSIG Date/Time: 18/02/2021@9.23AM

Estimated Cost: _____ Bill to: _____

OD TP RES / OD RES / EVA / INV / MV / CS
To Inspect Vehicle No: SLU 73L Insured: XE 485Z

at Workshop m/s IMPERIUM AUTOMOTIVE Tel: 9748 9940

of 25 KAKI BUKIT ROAD 4 # 01-49 SYNERGY

Policy No: 30001571167 Claim No: 253417

Sum Insured: _____ Excess: _____

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

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

Date/Time: 10.02am@18/02/21 Person Contacted: SHAWN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLU 73L-X
	XE 485Z-X