

ASS. REC. BY:

REF: CS3/INC21002426/Qqf3

Special Instruction:

Surveyor: SUN PINASSIGNMENT (Office)From (Person): ANNIE KOH of INC Date/Time: 21/2/2021 11:50 AM

Estimated Cost: _____ Bill to: _____

OD ☒ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLK 3287U Insured: SJE 1667Aat Workshop m/s GARAGE 13 Tel: 9853 5175of 8 KAKI BUKIT AVENUE 4 #03-46 PREMIER @Policy No: _____ Claim No: MT/1121607-001

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/2/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 22-02-21 12.56P.M Person Contacted: IRENE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SLK 3287U- NA/INC21002384/u DOA :18/02/2021
	SJE 1667A- NA/INC21002384/u DOA :18/02/2021