

ASS. REC. BY:

REF: CS3/ASM21002891/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): RICHARD ANG of AXA Date/Time: 3/3/2021 3:53 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGU 6611D Insured: SHC 8495Sat Workshop m/s TRIPLE -T Tel: 6385 1171of 10 Kaki bukit Road 2 #03-42 first east centrePolicy No: _____ Claim No: S1M034DK

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03-03-2021
(Client's Record)

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

Date/Time: 03-03-21 4.15P.M Person Contacted: IRENE Vehicle IN / ☒

Date/Time	Action/Instruction (☒) Estimate
	SGU 6611D- CC3/AXA15006720/K1ja3q2 DOA :19/12/2014
	SHC 8495S - CC4/III19017770/T1ga3n2 DOA :07/10/2019