

ASS. REC. BY:

REF: CS/AWA21002910/Avf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): STELLA GOH of AWAC Date/Time: 4/3/2021 9:30 AM

Estimated Cost: _____ Bill to: _____

☒ OD TP WS TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBH 6550Z Insured: _____at Workshop m/s COMFORTDELGRO ENGINEERING PTE LTD Tel: 68485721of 320 UBI ROAD 3Policy No: BVFCB0010582109 Claim No: _____Sum Insured: _____ Excess: \$500Make of Veh: _____ D.O.A. 25.02.2021
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 04-03-21 10.18A.M Person Contacted: TINIE Vehicle IN / ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GBH 6550Z- <input checked="" type="checkbox"/>