

ASS. REC. BY:

REF: CS/ASM21003131/Aqf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): YU DOMINIC YISHAN of AXA Date/Time: 9/3/2021 8:57 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMU 1375Y Insured: SHA 5048Eat Workshop m/s T K MOTOR WORKSHOP Tel: 6746 6896,9627 3323of BLK 1 KAKI BUKIT AVE 6 #02-56Policy No: _____ Claim No: S1M034PD

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06-03-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 09-03-21 5.27P.M Person Contacted: TK Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMU 1375Y- NA/INC21003024/h4 DOA :06/03/2021
	SHA 5048E- NA/INC21003024/h4 DOA :06/03/2021