

ASS. REC. BY:

REF: CS3/ASM21003156/T1vf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): RICHARD ANG of AXA Date/Time: 10/3/2021 12:29 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLS 60J Insured: SHA 4525Bat Workshop m/s GARAGE 13 Tel: 9853 5175of 8 Kaki Bukit Ave 4 #03-46 Premier@KBPolicy No: _____ Claim No: S1M034RA

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08-03-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 10-03-21 1.06P.M Person Contacted: IRENE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (X) Estimate
	SLS 60J- NBA/AIG21003106/Y DOA :08/03/2021
	SHA 4525B- NBA/AIG21003106/Y DOA : 08/03/2021