

ASS. REC. BY:

REF: CS/ASM21003164/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): YU DOMINIC YISHAN of AXA Date/Time: 10/3/2021 1:11 PM

Estimated Cost: _____ Bill to: _____

OD TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBJ 8585A Insured: SH 7003D

at Workshop m/s Team Motion Pte Ltd Tel: 91198371

of 23 Kaki Bukit Avenue 4 #04-01 South Wing

Policy No: _____ Claim No: S1M034HP

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: 10-03-21 2.19P.M Person Contacted: JAYCNE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GBJ 8585A- <input checked="" type="checkbox"/>
	SH 7003D- CC4/III18015737/Kjb3s2 DOA :28/08/2018