

ASS. REC. BY:

REF: CS3/ASM21003220/R1vf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): TAN JUN HONG of AXA Date/Time: 11/3/2021 11:40 AM

Estimated Cost: _____ Bill to: _____

OD / ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMW 8540E Insured: SHC 954Lat Workshop m/s MOTOR POINT Tel: 9026 5919of 17 Jalan Mas Puteh Singapore 128622Policy No: _____ Claim No: S1M034Z8

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: 11-03-21 11.56A.M Person Contacted: SAM Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMW 8540E- ☒
	SHC 954L- ☒