

ASS. REC. BY:

REF: CS3/III21003250/T1tf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): GABRIEL WEE of III Date/Time: 12/3/2021 9:30 AM

Estimated Cost: _____ Bill to: _____

OD ☒ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBL 6114D Insured: SHC 1614Lat Workshop m/s CADRE AUTOMOBILE Tel: 9853 5175of 13 at 1 kaki bukit ave 6 #02-49

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02.07.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 12-03-21 9.47A.M Person Contacted: IRENE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	FBL 6114D - ☒
	SHC 1614L - CI/TPD20011119/Pq DOA :02/07/2020