

ASS. REC. BY:

REF: CS/ASM21003350/Avf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): RICHARD ANG

of

AXADate/Time: 15/3/2021 2:09 PM

Estimated Cost: _____

Bill to: _____

OD: ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: EZ 118Z

Insured:

SHC 2513Mat Workshop m/s CENTRE LINE CAR SPRAY PAINTING

Tel:

68468203 / 96256931of 2 Kaki Bukit Avenue 2 #02-18/23 Kaki Bukit Autohub

Policy No: _____

Claim No:

S1M034ZB

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 03-09-2021

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 15-03-21 3.17P.M

Person Contacted:

CENTER

Vehicle

☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>EZ 118Z - X</u>
	<u>SHC 2513M - X</u>