

ASS. REC. BY:

REF: CS/ASM21003442/Avf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): JHONNY YONG of AXA Date/Time: 15/3/2021 4:46 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLE 8559J Insured: SJV 6767Yat Workshop m/s Automobile Hub Enterprise Tel: 9786 4483of 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAYPolicy No: _____ Claim No: S1M035EX

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30-12-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 16-3-21 5.06P.M Person Contacted: MR LIM Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLE 8559J- ☒
	SJV 6767Y- ☒