

ASS. REC. BY:

REF: CS/ASM21003700/T1f3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): TAN JUN HONG of AXA Date/Time: 19/3/2021 2:06 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: JKF 4834 Insured: SHA 1330R

at Workshop m/s FIRST MOTOR Tel: 9639 1004 / 6743 1911

of BLK 3006 UBI ROAD

Policy No: _____ Claim No: S1M035YM

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19-03-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 22-03-21 6.22P.M Person Contacted: MR LIM Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	JKF 4834- <input checked="" type="checkbox"/>
	SHA 1330R- CS/ICS20009575/T1f3s2 DOA :06/09/2020