

12/02/2020

ASS. REC. BY:

REF: CS/SMO21003726/f3

Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

From (Person): GRACE TEO of SMQ Date/Time: 23/03/2021@7.48AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKL 1209R Insured: GBD 2798Z

at Workshop m/s PREMIUM CARZ Tel: 6636 9100

of 1 KAKI BUKIT AVE 6 # 01-90

Policy No: _____ Claim No: CMTD2100897/GPL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22/03/2021
(Client's Record)

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

Date/Time 23/03/2021@9.45AM Person Contacted: AUN TENG Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKL 1209R-X
	GBD 2798Z-X