

ASS. REC. BY:

REF: CS/AGI21004019/Kqf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 29/3/2021 4:45 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHD 9597U Insured: SLH 2891Y

at Workshop m/s TRANS-CAB Tel: 9170 9485

of NO.2 ANG MO KIO ST 63 SINGAPORE 569111

Policy No: _____ Claim No: C10009582/JM

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26-03-2021
(Client's Record)

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

Date/Time: 29-03-21 6.06P.M Person Contacted: ZHE WEI Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SHD 9597U - CC4/ASM19004289/R1pa3q2 DOA :03/03/2019
	SLH 2891Y -X