

ASS. REC. BY:

REF: CS/LPC21004233/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): GERALD POH of LPC Date/Time: 1/4/2021 3:20 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJH 1082X Insured: GBH 7115Rat Workshop m/s HENG YAP SENG AUTO SERVICE Tel: 91833008of 160 Sin Ming Drive Sin Ming AutoCity #08-13

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31-03-2021
(Client's Record)

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

Date/Time: 01-04-21 4.33P.M Person Contacted: HAN MENG Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	SJH 1082X- CC6/AIG16003164/M1jb3q2 DOA :11/02/2016
	GBH 7115R- ☒