

ASS. REC. BY:

REF: CS3/III21004349/R1qf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): GABRIEL WEE of III Date/Time: 5/4/2021 5:35 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKA 507U Insured: SLP 4338Zat Workshop m/s MAX MOTORS Tel: 87519676of 1 KAKI BUKIT AVENUE 6 #01-98 AUTOBAY @ KAKI BUKITPolicy No: D21MFL0000447 Claim No: MFL2021D0001414

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01.04.21
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 06-04-21 1.47P.M Person Contacted: NICOLE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SKA 507U- NS/INC12016565/R1kn DOA : 25/08/2012
	SLP 4338Z- ☒