

ASS. REC. BY:

REF: CS/TM121004389/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): TELMA GOMEZ of TMI Date/Time: 06 Apr 2021 10:40

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☐ WS ☐ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHA 7131J Insured: SLH 8499Hat Workshop m/s ComfortDelGro Engineering Pte Ltd Tel: 6214 8300of 59 Loyang Drive, 508969 LoyangPolicy No: MM000075 Claim No: M2101624

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/04/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 06-04-21 9.50A.MPerson Contacted: JUMANIVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SHA 7131J- CC6/III16020763/Ueb3q2 DOA :21/10/2016
	SLH 8499H- ☒