

ASS. REC. BY:

REF: CS3/III21000837/T1qf3-1

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): DHANYAof IIIDate/Time: 21/7/2021 9:21 AM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: _____

SLL 6826P

Insured: _____

SLQ 774T

at Workshop m/s _____

GARAGE 13

Tel: _____

6385 1171of 8 kaki bukit ave 4 03-46 premier@kbPolicy No: D21MFL0000447

Claim No: _____

MFL2021D0000338

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. _____

17.01.21

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 18-01-21 5.28P.M

Person Contacted: _____

IRENEVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	SLL 6826P- X
	SLQ 774T- X