

ASS. REC. BY:

REF: CS/EGI20005996/Avf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 28-5-20 10.18A.M

Estimated Cost: _____ Bill to: _____

OD-☒ TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKX 4721U Insured: YL 851Bat Workshop m/s ADVANCE AUTO GARAGE Tel: 9007 9247of 10 Kaki Bukit Road 2, #01-21Policy No: _____ Claim No: CDMCG20000392

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/01/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 28-5-20 11.00A.M Person Contacted: Xavier Lim Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SKX 4721U - ☒
	YL 851B - ☒