

ASS. REC. BY:

REF: CS/EG120006058/Atf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 1-6-20 3.20P.M

Estimated Cost: _____ Bill to: _____

☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMJ 8210B Insured: YP 7598Rat Workshop m/s PREMIUM Tel: 6474 3323of 24 BENOI SECTORPolicy No: _____ Claim No: CDMCG20000721

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/5/2020
(Client's Record)☐ "WP"
CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 1-6-20 3.23 P.M Person Contacted: RAYMOND Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SMJ 8210B - ☒
	YP 7598R - ☒