

ASS. REC. BY:

REF: CS/EGI20007483/R1vf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 20/7/2020 4:59 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKL 1688R Insured: GBJ 4488Zat Workshop m/s EuroSports Auto Pte Ltd Tel: _____of 24 Leng Kee Road #01-03Policy No: _____ Claim No: CDMCG20000953

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/07/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 20-7-20 5.14P.M Person Contacted: RICHARD Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SKL1688R - ☒
	GBJ 4488Z - ☒
<u>23/7/20</u>	Submit Ext Total Loss-MV:\$285,000 (est) LTA:\$131,856 NV:\$153,144