

ASS. REC. BY:

REF: CS/EG120008071/R1tf3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Pauline Soh of Ergo Date/Time: 05/08/2020

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBB 7361C Insured: GZ 6140Uat Workshop m/s CDGE Tel: _____of 45 PANDAN RDPolicy No: _____ Claim No: CDMCG20001001

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/07/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

'WP'

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	GBB 7361C -X
	GZ 6140U -X