

ASS. REC. BY:

REF:CS/EGI20008439/R1tf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 13/8/2020 5:41 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP WS/ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMF 217G Insured: SKL 9311Aat Workshop m/s Eurokars Group Tel: 6331 0680of 27A Tanjong PenjuruPolicy No: _____ Claim No: CDMPG20001067

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 8/8/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 14-8-20 10.35A.M Person Contacted: EVA Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMF 217G- CC4/EQI19017906/T1pb3q2-1 DOA :04/10/2019
	SKL 9311A- NA/MSG18005076/k4 DOA :18/03/2018