

ASS. REC. BY:

REF: CS/EGI20008444/Avf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): IVY YONGof ERGODate/Time: 14/8/2020 9:58 AM

Estimated Cost: _____

Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: _____

SMM 5548G

Insured: _____

GBH 9064R

at Workshop m/s _____

Xin Hua Workshop Pte Ltd

Tel: _____

8292 5595of 23 Kaki Bukit Avenue 4 #04-01

Policy No: _____

Claim No: CDMCG20001082

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 12/08/2020

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 14-8-20 11.16A.M

Person Contacted: _____

KEVINVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SMM 5548G</u> - ☒
	<u>GBH 9064R</u> - ☒