

ASS. REC. BY:

REF: CS/EGI20009308/f3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 2/9/2020 10:22 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBN 9581H Insured: GBJ 3415Rat Workshop m/s A.S PHOON Tel: 65150770of 36 TOH GUAN RD EAST #01-35Policy No: _____ Claim No: CDMFG20001159

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21-08-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-9-20 10.51A.M Person Contacted: MR KEE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	FBN 9581H- ☒
	GBJ 3415R- ☒