ASS. REC. BY: | REF: CS/EGI20011074/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): IVY YONG of EGI Date/Time: 12/10/2020@6.02PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMT 419S Insured: XE 568T

at Workshop m/s BAN CHOON Tel: 6264 1191

of BLK 3 PIONEER ROAD NORTH# 01-14/15

Policy No: Claim No: CDMCG20001461

Sum Insured: Excess:

Make of Veh: D.O.A. 22/09/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' H.O.D. Endorsement:

Date/Time: 10.11AM@13/10/2020 Person Contacted: BERLIN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMT 419S- X
	XE 568T-X
15/10/20	Send IA via merimen
27/10/20	LS $3100 confirmed by email (Red 1787, 36%)