

ASS. REC. BY:

REF: CS/EGI20012578/Atf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): Pauline Soh of ERGO Date/Time: 16/11/2020 2:26 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLL 7030L Insured: GBC 6312X

at Workshop m/s Modern Automotive Pte Ltd Tel: 6748 4422

of Blk 3023-A, Ubi Road 1 #01-61

Policy No: _____ Claim No: CDMCG20001671

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14-11-2020
(Client's Record)

"WP"

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

Date/Time: 16-11-20 2.44P.M Person Contacted: GRACE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLL 7030L- <input checked="" type="checkbox"/>
	GBC 6312X- <input checked="" type="checkbox"/>