

ASS. REC. BY:

REF: CS/EGI20012805/R1qf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 20/11/2020 3:37 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMJ 2674K Insured: YQ 383Jat Workshop m/s Performance Tel: 6319 0174of 303 Alexandra RoadPolicy No: _____ Claim No: CDMCG20001703

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18.11.2020
(Client's Record)

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

Date/Time: 20-11-20 4.15P.M Person Contacted: CAROLINE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMJ 2674K- <input checked="" type="checkbox"/>
	YQ 383J- <input checked="" type="checkbox"/>