22/03/2002

ASS. REC. BY: | REF: CS/EGI20013015/Kvf3 | Special Instruction:

Surveyor : KENNETH **ASSIGNMENT (Office)**

From (Person): PAULINE SOH of ERGO Date/Time: 25/11/2020 2:53 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 7919Z Insured: GBE 5388Z

at Workshop m/s TRANS-CAB Tel: 6287 6666

of NO.2 ANG MO KIO ST 63

Policy No: Claim No: CDMCG20001751

Sum Insured: Excess:

Make of Veh: D.O.A 24.11.2020
(Client's Record)

**CA / REV / REP. / REV 24 HRS** "WP"

H.O.D. Endorsement:

Date/Time: 25-11-20 3.34P.M Person Contacted: CANDY Vehicle IN / OUT

| Date/Time | Action/Instruction ( ✓ ) Estimate |
|---|---|
| | SHB 7919Z- X |
| | GBE 5388Z- X |
| | |
| 1/12/20 | Send IA via merimen |
| 15/1/21 | Kenneth confirmed $6959.80 (Red 8466.88,54%) |
| | |