22/03/2002

ASS. REC. BY: | REF: CS/EGI20013211/Kqd3 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): Pauline Soh of ERGO Date/Time: 30/11/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 5565T Insured: SMN 62T

at Workshop m/s Tel:

of

Policy No: Claim No: CDMPG20001783

Sum Insured: Excess:

Make of Veh: D.O.A. 29/11/2020
(Client's Record)

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

Date/Time: Person Contacted: Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 5565T -X
	SMN 62T -X