

ASS. REC. BY:

REF: CS/EGI20013314/R1vf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): Pauline Soh of ERGO Date/Time: 3/12/2020 4:30 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SME 6618Z Insured: GBK 1876Bat Workshop m/s KAH MOTOR Tel: 6514 5247of 255 Alexandra RoadPolicy No: _____ Claim No: CDMCG20001789

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/11/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 03-12-20 4.38P.M Person Contacted: IVAN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SME 6618Z - X
	GBK1876B - X