

ASS. REC. BY:

REF: CS/EGI20014284/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 22/12/2020 3:47 PM

Estimated Cost: _____ Bill to: _____

OD-IP/WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKX 8094U Insured: SLA 4181Lat Workshop m/s Wei Lee Motor Works Tel: 6456 9830of Block 9 Sin Ming Industrial Estate #01-32Policy No: _____ Claim No: CDMPG20001961

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22/12/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 22-12-20 3.56P.M Person Contacted: KAREN Vehicle IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SKX 8094U- X
	SLA 4181L- X