

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): PAULINE SOH of ERGO Date/Time: 22/1/2021 10:19 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGJ 8080E Insured: YQ 1995L

at Workshop m/s Autolution Industrial Pte Ltd Tel: 67038691

of 19 Ubi Road 4

Policy No: _____ Claim No: CDMCG21000155

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20.01.2021
(Client's Record)

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

Date/Time: 22-01-21 10.26A.M Person Contacted: ELMER Vehicle IN / OUT

| Date/Time | Action/Instruction (<input checked="" type="checkbox"/>) Estimate |
|-----------|---|
| | SGJ 8080E - <input checked="" type="checkbox"/> |
| | YQ 1995L - <input checked="" type="checkbox"/> |
| 25/1/21 | Send IA via merimen |
| 18/2/21 | Submit preli report-revised fig \$6309.60 ,check items \$19.12 |