

ASS. REC. BY:

REF: CS/EGI21001044/T1vf3

Special Instruction:

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: _____

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"/>