

ASS. REC. BY:

REF: CS/EGI21001946/Atf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): PAULINE THAM of ERGO Date/Time: 9 February 2021 10:54 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKW 2222L Insured: GBK 2363H

at Workshop m/s CAS Garage Pte. Ltd. Tel: 9791 6119

of NO. 1 KAKI BUKIT AVE 6 #02-22/21/20

Policy No: _____ Claim No: CDMCG21000254

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08.02.2021
(Client's Record) "WP"

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

Date/Time: 09-02-21 3.46P.M Person Contacted: NICOLE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKW 2222L- <input checked="" type="checkbox"/>
	GBK 2363H- <input checked="" type="checkbox"/>