

ASS. REC. BY:

REF: CS/EGI21002337/Uqf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 18/2/2021 5:26 PM

Estimated Cost: _____ Bill to: _____

OD ☒ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMH 6146C Insured: SLZ 4554Mat Workshop m/s Zoom Autowerks Pte Ltd Tel: 9450 7920of 15 Kaki Bukit Road 4, Bartley Biz Centre, #01-53Policy No: _____ Claim No: CDMPG21000317

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/02/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-02-21 5.47P.M Person Contacted: ELIN Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SMH 6146C-X
	SLZ 4554M-X