

12/17/2000

REF: CS/AGI21002899/d3

Special Instruction:

ASS. REC. BY:

SURVEY BY:

ASSIGNMENT (Office)

From (Person): IVY RATILLA

of AGI

Date/Time: 03/03/2021@4.32PM

Estimated Cost:

Bill to:

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

FF 8989S

Insured: SGX 2529U

To Inspect Vehicle No:

EROFIA MOTOR

Tel: 6752 7740

at Workshop m/s

1 KAKI BUKIT AVE 6 # 02-62

Policy No:

Claim No: C10009220/ST

Sum Insured:

Excess:

D.O.A. 26/02/2021

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 4.42PM@03/03/21

Person Contacted: LEE LEE

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	FF 8989S-X
	SGX 2529U- CC6/AXA12010982/Uhd#1
	DOA : 25/12/2012

Repairer agreed to survey on 04/03/2021