

ASS. REC. BY:

REF: CS/EGI21002903/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 3/3/2021 4:26 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SBW 54A Insured: GBJ 4229Eat Workshop m/s Motor Image Enterprises Pte Ltd Tel: 8611 3195of 19 Lorong 8 Toa Payoh Singapore 319255Policy No: _____ Claim No: CDMCG21000395

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02-03-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 03-03-2021 4.53P.MPerson Contacted: DANIELVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SBW 54A - ☒
	GBJ 4229E - ☒