

ASS. REC. BY:

REF: CS/EGI21003214/Kvf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): PAULINE SOH of ERGO Date/Time: 11/3/2021 12:10 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMK 9800L Insured: XD 5818Uat Workshop m/s Wei Lee Motor Works Tel: 6456 9830of Block 9 Sin Ming Industrial Estate #01-32 Singapore 575644Policy No: _____ Claim No: CDMCG21000452

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/03/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 11-03-21 12.19P.M Person Contacted: KAREN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMK 9800L- X
	XD 5818U- X