

ASS. REC. BY:

REF: CS/EQI20008227/Asf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): JOEL GOHof EQIDate/Time: 11/8/2020 10:14 AM

Estimated Cost: _____

Bill to: _____

OD-TP WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJC 493BInsured: SGX 3279Jat Workshop m/s Win Auto EnterpriseTel: 9745 8981of Block 1033 Eunus Avenue 5A #01-31

Policy No: _____

Claim No: DM20HO01125-JG

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 5 August 2020

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 11-8-20 10.14A.MPerson Contacted: DAVIDVehicle IN OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SJC 493B-X</u>
	<u>SGX 3279J- NA/EQI20008145/z4 DOA :05/08/2020</u>