

12/17/2000

REF: CS/EQI20011851/d3

Special Instruction:

ASS. REC. BY:

SURVEYOR: _____ **ASSIGNMENT (Office)** Date/Time: 30/10/2020@3.37PM

From (Person): JANICE GOH of EQI

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMJ 9545D Insured: YN 4000D

at Workshop m/s TRANS EUROKARS Tel: 9127 7928

of 5 UBI CLOSE

Policy No: _____ Claim No: DM20HO01598/JT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/10/2020
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 3.41pm@30/10/20 Person Contacted: RONALD Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMJ 9545D-x
	YN 4000D-X