ASS. REC. BY: | REF: CS/EGI21000214/Atd3 | Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): PHOEBE JAY of EGI Date/Time: 06/01/2021@11.02AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLH 9072Z Insured: GX 1637Y

at Workshop m/s GREEN FOREST Tel: 9271 2214

of 8 KAKI BUKIT AVE 4 # 05-25 PREMIER

Policy No: Claim No: CDMCG21000013

Sum Insured: Excess:

Make of Veh: D.O.A. 03/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' H.O.D. Endorsement:

Date/Time: 11.16AM@06/01/21 Person Contacted: CHRIS CHAN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 9072Z-X
	GX 1637Y-X