

12/12/2020

REF: CS/MSG21000917/R1qd3

Special Instruction:

ASS. REC. BY:

SURVAY BY:

Merimen

ASSIGNMENT (Office)

MSIG

Date/Time: 19/01/2021@2.36PM

From (Person): KATHERINE WONG of

Estimated Cost:

Bill to:

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

SLT 1755B

Insured: SLH 5270U

To Inspect Vehicle No:

Tel: 9839 1555

at Workshop m/s

XIN YUN AUTO

of 8 KAKI BUKIT AVE 4 # 05-23 PREMIER

Policy No: 30001623764

Claim No: 252285

Sum Insured:

Excess:

D.O.A. 18/01/2021

Make of Veh:

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 3.17PM@19/01/21

Person Contacted: YI XIN

Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	Repairer agreed to survey on 20/01/2021
	SLT 1755B-X
	SLH 5270U-X