Survey	ev :		ASSI	GNMEN	T (Office)		
nart Claims	(Person):	Dominic Yu	of		-000 SS SS	Date	Time: 26/02/2021
And the state of t	ated Cost:		01		Sill to:		Time.
OD	TP WS/T	PRES / OD RES /	EVA/INV				
To Ins	spect Vehicle	e No:	FX 898D			Insured:	SHC 3998R
		EQUAT KI BUKIT RD#				Tel:	90113391
Policy	Policy No:				Claim No:	S1M032ZM	
Sum 1	Insured:		Excess:				
	of Veh: t's Record)					D.O.	A 13/02/2021
CA	CA / REV / REP. / REV 24 HRS 'PRS'						
	Date/Time: 26/02@12pm Person Contacted: WILLE Velicle IN/OUT						
Date	Time A	ction/Instruction (X) E	stinute.			
FP 32	F	X 898D-X					
in the second	S	HC 3998R - C	C/CTI18	011184/	K1wa3n2	DOA: 18/0	06/2018
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2/3	/21	Send IA via Sr	mart Clai	m			