

ASS. REC. BY:

REF: CS/EQI21003571/Gtd3

Special Instruction:

SURVADY : GUO QIANG

ASSIGNMENT (Office)

Merimen From (Person): JOEL GOH

EQU

Date/Time: 17/03/2021@5.14PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMM 1383R

Insured:

To Inspect Vehicle No: SMIM 1385R
at Workshop m/s TEAMWORK GARAGE

Tel: 6844 2475

at Workshop m/s TEAMWORK GARAGE
of 53 UBI AVENUE 1# 01-24

Policy No: DMPPHQ20-008729

Claim No: DM21HO00404

Sum Insured:

Excess: \$4000.00

D.O.A 13/03/2021

Make of Veh:

(Client's Record)

CA **REV** REP. / REV 24 HRS

H.O.D. Endorsement:

Date Time 10.59AM@18/03/21

Person Contacted: DARREN

Vehicle IN OUT[illegible]