22/03/2002

ASS. REC. BY: | REF: CS/EQI21003870/R1qf3 | Special Instruction:

Surveyor : RASUL **ASSIGNMENT (Office)**

From (Person): JOEL GOH of EQ Date/Time: 25/3/2021 2:21 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 6756E Insured: GY 9751S

at Workshop m/s XIN YA AUTO SERVICE Tel: 62703481

of BLK 1002 BUKIT MERAH LANE 3 #01-75

Policy No: Claim No: DM21HO00453-JG

Sum Insured: Excess:

Make of Veh: D.O.A. 24.03.21
(Client's Record)

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

Date/Time: 25-0.3-21 3.11P.M Person Contacted: XIN YA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLV 6756E - X
	GY 9751S - X