

ASS. REC. BY:

REF: CS3/EQ121004016/Gvf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): JANICE GOH of EQ Date/Time: 29/3/2021 4:10 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJS 7659K Insured: GBE 8422Mat Workshop m/s Auto Insure Pte Ltd Tel: 98535175of 14 AMK St 63 Block B S'569116Policy No: _____ Claim No: DM21HO00466/SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27.03.2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 29-03-21 5.43P.M Person Contacted: IRENE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SJS 7659K - ☒
	GBE 8422M - ☒