22/03/2002

ASS. REC. BY: | REF: CI/EQI23001431/Df2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): NEO JIE SI of EQI Date/Time: 05/01/2023

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 161M Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: DM22HO00352

Sum Insured: Excess:

Make of Veh: D.O.A. 07/03/2022
(Client's Record)

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

Date/Time: Person Contacted: Vehicle ~~IN / OUT~~

Date/Time	Action/Instruction ( ) Estimate
	$600/-