ASS. REC. BY: | REF: CS/CTI19006551/d3 | Special Instruction:

Surveyor: **ASSIGNMENT (Office)**

From (Person): Chong Boon Sen of CTI Date/Time: 12/04/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: XE 4523X Insured: XD 8631X

at Workshop m/s Vfix Auto Tel: 6455 2957

of 60 Kaki Bukit Ave 6

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 29/01/2019
(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
	XE 4523X - X
	XD 8631X - X