

ASS. REC. BY:

REF: CS/CTI19007806/d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): CHONG BOON SEN of CTI Date/Time: 3/5/2019 1:29 PM

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMD 9447K Insured: GR 7596Zat Workshop m/s Progressive Car Care Pte Ltd Tel: 6741 5336of Blk 3022A Ubi Road 1 01-45/46 SingaporePolicy No: _____ Claim No: snm19d201950

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/05/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2.00 P.M 03/05/2019 Person Contacted: PEI WEN Vehicle IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SMD 9447K - ☒
	GR 7596Z - ☒