22/03/2002

ASS. REC. BY: | REF: CI/CTI19018973/Dq | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 22/10/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLS 3108L Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: SNM19D204943C01

Sum Insured: Excess:

Make of Veh: D.O.A. 12/10/2019
(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
	$500/-