

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
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[illegible][illegible][illegible]

\$500/

\$500/-

Year	Number of people (millions)
1970	60
1975	65
1980	75
1985	80
1990	85
1995	90
2000	95
2005	105
2010	115