

ASS. REC. BY:

REF: C4/CT170004581/Utf3

Special Instruction:

Surveyor: Marcus**ASSIGNMENT (Office)**From (Person): Adeline Chay of CTI Date/Time: 27/3/20 @ 12:30pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKC 7201U Insured: GBH 6383Pat Workshop m/s EURO SUCCESS SERVICE Tel: _____of 1 KAKI BUNT AVE 6 402-03 AUTODAY SC4178831Policy No: BMCVSN 30544219000 Claim No: SNM 200201503002

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/31 2020
(Client's Record)**CA / REV / REP. / REV 24 HRS**

H.O.D. Endorsement: _____

Date/Time: 27/3/20 @ 1.06pm Person Contacted: Mr Hunt Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SKC 7201U - X</u>
	<u>GBH 6383P - X</u>