22/03/2002

ASS. REC. BY: | REF: CS3/CTI20005094/Evf3 | Special Instruction:

Surveyor : STEVE

ASSIGNMENT (Office)

From (Person): CECILIA LOW of CTI Date/Time: 8-4-20 5.10P.M

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKQ 4418H Insured: SLF 6189B

at Workshop m/s U2 SPRAY PAINTING Tel: 63850687 /86186474

of 25 KAKI BUKIT RD 4 #06-43 SYNERGY

Policy No: Claim No: SNM20D201583

Sum Insured: Excess:

Make of Veh: D.O.A. 30 MARCH 2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 8-4-20 5.26P.M Person Contacted: DAVID Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate INPS: 25 KAKI BUKIT RD 4 #08-47 SYNERGY
	SKQ 4418H -
	SLF 6189B -