

ASS. REC. BY:

REF:

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): Elizabeth Chew of CTI Date/Time: 21/4/2020 10:23 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 8276H Insured: SMF 4900R

at Workshop m/s BIFROST Tel: 96412187

of Blk 9 Sector C #01-42, Sin Ming

Policy No: _____ Claim No: SNM20D201786C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16.04.2020
(Client's Record)

"WP"

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

Date/Time: 22-4-2020 9.30A.M Person Contacted: LIM Vehicle IN OUT

Date/Time	Action/Instruction (YES) Estimate
	SHC 8276H -NA/CTI18010308/h4 DOA : 05/06/2018
	SMF 4900R - X