

ASS. REC. BY:

REF: CS/CTI20005358/T1qf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): IRENE TAY of CTI Date/Time: 23/4/2020 11:01 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SFG 36P Insured: GBG 9180Tat Workshop m/s PERFORMANCE Tel: 6319 0174of 303 Alexandra RoadPolicy No: DMCVSN30852519000 Claim No: SNM20D201799C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/04/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 23-4-2020 11.10A.MPerson Contacted: CAROLINE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SFG 36P- CC6/AIG12024394/Ub1a3q2 DOA : 13/12/2012
	GBG 9180T - ☒