

ASS. REC. BY:

REF: CS/CTI20005667/T1sf3

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): BEN TANG of CTI Date/Time: 12/05/2020

Estimated Cost: \$39,792.82 Bill to:

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

To Inspect Vehicle No: SMN 3805Y Insured: _____

at Workshop no/s _____ PERFORMANCE MOTORS LTD _____ Tel: 91165779 _____

of 303 ALEXANDRA ROAD

Policy No: _____ Claim No: SNM20D201862

Sum Insured: _____ Excess: \$750.00

Make of Veh: _____ D.O.A. 01/05/2020
(Client's Record)

CA / **REV** / REP. / REV 24 HRS

.. Date/Time 12/05/2020 .. Person Contacted: Shiuh Jye - Vehicle IN/OUT

[illegible]