

ASS. REC. BY:

REF: CS/CTI20005809/f3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): ELIZBETH CHEW of CTI Date/Time: 19-5-20 12.25P.M

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SFR 8370M Insured: YM 8781Lat Workshop m/s PERFORMANCE Tel: 6319 0174of 303 Alexandra RoadPolicy No: _____ Claim No: SNM20D201926

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/05/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 19-5-20 12.59P.M Person Contacted: CAROLINE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SFR 8370M - ☒
	YM 8781L - ☒