22/03/2002

ASS. REC. BY: | REF: CS/CTI20005868/f3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): ADELINE CHNG of CTI Date/Time: 21-5-20 2.32P.M

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJZ 7901Z Insured: GBH 8096E

at Workshop m/s EUROKARS GROUP Tel: 6395 7874

of 5 UBI CLOSE

Policy No: Claim No: SNM20D201962

Sum Insured: Excess:

Make of Veh: D.O.A. 19/05/20
(Client's Record)

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

Date/Time: 21-5-20 2.39P.M Person Contacted: VION Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJZ 7901Z - X
	GBH 8096E - X