

ASS. REC. BY:

REF: CS/CTI20006116/Aqf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): IRENE TAY of CTI Date/Time: 3-6-20 3.17P.M

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBD 4751U Insured: GBH 496L

at Workshop m/s SHENG LI LAI Tel: 82857623

of 2 KAKI BUKIT AVE 2 #01-36

Policy No: _____ Claim No: SNM20D202036

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01-06-2020
(Client's Record)

"WP"

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

Date/Time: 3-6-20 3.22P.M Person Contacted: AH HOCK Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GBH 496L - <input checked="" type="checkbox"/>
	GBD 4751U - <input checked="" type="checkbox"/>