

ASS. REC. BY:

REF: CS/CTI20006147/Utf3

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): IRENE TAY

of CTI

Date/Time: 4-6-20 4.49P.M

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: SMS 3585E

Insured: SJW 5507H

at Workshop m/s Kah Motor Body Repair Centre

Tel: 68465672

of 15 Ubi Road 4

Policy No: _____

Claim No: SNM20D201936

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 17/05/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 4-6-20 5.36P.M

Person Contacted: THOMAS

Vehicle IN OUT

Date/Time

Action/Instruction () Estimate

SMS 3585E - NA/CTI20005797/Y

DOA : 17/05/2020

SJW 5507H - NA/CTI20005797/Y

DO A: 17/05/2020