

ASS. REC. BY:

REF: CS/CTI20006465/R1qf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)

From (Person): BEN TANG of CTI Date/Time: 19/6/2020 4:09 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLN 8886S Insured: SLK 8546P

at Workshop m/s Cycle & Carriage Tel: 91865202

of 209 Pandan Gardens

Policy No: DMPCSN30217319011 Claim No: SNM20D202172

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06.05.2020
(Client's Record)

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

Date/Time: 19-6-20 4.14P.M Person Contacted: DON BONG Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLK 8546P - X
	SLN 8886S - X