

ASS. REC. BY:

REF: CS/CTI20006705/f3-1

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Ben Tang of CTI Date/Time: 25/06/2020

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLQ 6124E Insured: GBJ 8285Rat Workshop m/s N-51 Tel: _____of 2 KAKI BUKIT AVE 2 #01-17Policy No: _____ Claim No: SNM20D202217

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/06/2020
(Client's Record)**CA / REV / REP. / REV 24 HRS**

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	REMARK: DOUBLE REF
	Refer to CS/CTI20006711/Ayf3 <i>Celine 25/06/2020</i>