

ASS. REC. BY:

REF: CS/CTI20006911/Aqf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): Adeline Chng of CTI Date/Time: 2/7/2020 12:08 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLS 2202D Insured: YM 6100Rat Workshop m/s EUROKARS GROUP Tel: 9127 7928of 5 Ubi ClosePolicy No: _____ Claim No: SNM20D202253

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06/03/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 2-7-20 1.16P.M Person Contacted: RONALD Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLS 2202D - ☒
	YM 6100R - ☒