

ASS. REC. BY:

REF: CS/CTI20007341/R1tf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): Irene Tay of CTI Date/Time: 15/7/2020 5:51 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLK 4507D Insured: PC 8081Hat Workshop m/s CHARN CUSTOMCRAFT Tel: 6272 5429of BLK 1010 BUKIT MERAH LANE 3 #01-105

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14-7-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 16-7-20 9.41A.MPerson Contacted: SHARONVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLK 4507D - ☒
	PC 8081H - ☒