

ASS. REC. BY:

REF: CS/CTI20007444/Uvf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)

From (Person): Cecilia Low of CTI Date/Time: 20/7/2020 10:06 AM

Estimated Cost: _____ Bill to: _____

OD IP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No: SBT 6138T Insured: GBF 2575P

at Workshop m/s Eurokars Group Tel: 91277928

of 5 Ubi Close

Policy No: DMCVSN30526219011 Claim No: SNM20D202444

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09/07/2020
(Client's Record)

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

Date/Time: 20-7-20 10.53A.M Person Contacted: RONALD Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SBT 6138T - <input checked="" type="checkbox"/>
	GBF 2575P - <input checked="" type="checkbox"/>
<u>23/7/20</u>	<u>Send IA via merimen</u>