

ASS. REC. BY:

REF: CS/CTI20007612/R1qf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)From (Person): Cecilia Low of CTI Date/Time: 23/7/2020 2:56 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLZ 2654X Insured: YP 9676Kat Workshop m/s Cycle & Carriage Tel: 91819978of 209 Pandan GardensPolicy No: DMCVSN18358119011 Claim No: SNM20D202509/C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20.07.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 23/7/2020 2:56 PM Person Contacted: EDWIN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLZ 2654X - ☒
	YP 9676K - ☒