

ASS. REC. BY:

REF: CS3/CTI20007854/R1tf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)

From (Person): BEN TANG of CTI Date/Time: 30/7/2020 10:56 AM

Estimated Cost: _____ Bill to: _____

OD-IP-WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLR 4461P Insured: GBG 2714A

at Workshop m/s Y C AUTO Tel: 62614007

of Block 9 Pioneer Road North #01-56

Policy No: _____ Claim No: SNM20D202639

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28 JULY 2020
(Client's Record)

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

Date/Time: 30-7-20 11.30A.M Person Contacted: CHAN Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SLR 4461P- CS/INC19019706/Avf3n2 DOA : 05/11/2019
	GBG 2714A- X