

ASS. REC. BY:

REF: CS/CTI20007856/R1qf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)From (Person): Adeline Chng of CTI Date/Time: 30/7/2020 11:31 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLQ 1132P Insured: GBC 2035Yat Workshop m/s Performance Tel: 6319 0174of 303 Alexandra RoadPolicy No: DMCVSN30612119000 Claim No: SNM20D202645

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/07/2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 30-7-20 11.43A.M Person Contacted: CAROLINE Vehicle IN / ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLQ 1132P- ☒
	GBC 2035Y- CS3/AIG18009477/Nz4d3e2 DOA : 23/05/2018