

ASS. REC. BY:

REF: CS/CTI20008061/R1tf3

Special Instruction:

Surveyor: RASUL

ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 4/8/2020 5:12 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGS 1130T Insured: SMU 243B

at Workshop m/s MOVA Tel: 6272 3892

of BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08

Policy No: _____ Claim No: SNM20D202682C02

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: 5-8-20 10.47A.M Person Contacted: NITHA Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SGS 1130T- NA/CTI20007870/z4 DOA : 29/07/2020
	SMU 243B- CS/CTI20007927/Esf3 DOA :29/07/2020