

ASS. REC. BY:

REF: CS/CTI20008110/Bvf3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Pauline Tham of CTI Date/Time: 05/08/2020

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBH 6197K Insured: YN 9540Eat Workshop m/s TEAM AUTOPRO PTE LTD Tel: _____of 160 SIN MING DR #01-14 SIN MING AUTO CITYPolicy No: _____ Claim No: SNM20D202737

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

'WP'

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: KAREN Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	GBH 6197K - NBA/AIG20008097/Y DOA: 04/08/2020
	YN 9450E - CC3/CTI20005742/Fps3 DOA: 08/05/2020
20/8/20	Send IA via merimen