

ASS. REC. BY:

REF: CS/CTI20008182/Ksf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): JENNY LEW of CTI Date/Time: 7/8/2020 12:11 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SFE 6655Z Insured: SJU 1484B

at Workshop m/s HUI YANG Tel: 64515752

of 176 Sin Ming Drive #04-02, Sin Ming AutoCare

Policy No: DMHCSNA00000111900 Claim No: SNM20D202763

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06/08/2020
(Client's Record)

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

Date/Time: 7-8-20 1.35P.M Person Contacted: BEL Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SJU 1484B- NBA/CTI20001021/Y DOA :15/01/2020
	SFE 6655Z- CS/MSG17022559/Kgbs2 DOA : 23/11/2017