

ASS. REC. BY:

REF:CS/CTI20008223/Kqf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): CECILIA LOW of CTI Date/Time: 7/8/2020 6:22 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKM 7172S Insured: SJN 1791Bat Workshop m/s K Kim Hin Auto Pte Ltd Tel: 9622 2116of BLK 34 SIN MING DRIVE, #01-114Policy No: DMHCSN30208519000 Claim No: SNM20D201925C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31/01/2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 11-8-20 9.23A.M Person Contacted: SANDRA Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SKM 7172S-X
	SJN 1791B-X