

ASS. REC. BY:

REF: CS/CTI20008385/R1tf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): PAULINE THAM of CTI Date/Time: 13/8/2020 12:20 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLE 710R Insured: GBH 5668Aat Workshop m/s WEARNES Tel: 81261237of 45 Leng Kee Road SingaporePolicy No: _____ Claim No: SNM20D202842

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/08/2020
(Client's Record)

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

Date/Time: 13-8-20 1.00P.M Person Contacted: PAUL Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLE 710R- ☒
	GBH 5668A- ☒