

ASS. REC. BY:

REF: CS/CTI20008441/Ktf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): Irene Tay of CTL Date/Time: 13/8/2020 5:42 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJU 6663T Insured: SKX 534Uat Workshop m/s K.KIM.HIN Tel: 9622 2116of 160 SIN MING DRIVE, #02-20 SIN MING AUTOCITYPolicy No: _____ Claim No: SNM20D202846

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11 Aug 2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 14-8-20 10.57A.M Person Contacted: SANDRA Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SJU 6663T- ☒
	SKX 534U- ☒