

ASS. REC. BY:

REF: CS/CTI20008512/Ktf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): TAN KAH LEONG of CTI Date/Time: 14/8/2020 5:38 PM

Estimated Cost: _____ Bill to: _____

OD ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMQ 6040B Insured: SJY 6486Sat Workshop m/s OPTIMA WERKZ Tel: 64811522of 9A SERANGOON NORTH AVE 5Policy No: DMPCSN30633619011 Claim No: SNM20D202872

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/08/2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 17-8-20 10.13A.M Person Contacted: LILY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMQ 6040B - ☒
	SJY 6486S - ☒