

ASS. REC. BY:

REF: CS/CTI20008609/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): JENNY LEW of CTI Date/Time: 18 Aug 2020 13:34

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLF 1661L Insured: SMA 8719Zat Workshop m/s Em-1 Auto Pte Ltd Tel: 9666 6556of 160 SIN MING DRIVE, #05-21 SIN MING AUTOCITY

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-8-20 1.41P.M Person Contacted: MS CHIA Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLF 1661L- ☒
	SMA 8719Z- ☒