

ASS. REC. BY:

REF: CS/CTI20008647/R1sf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): BEN TANG of CTI Date/Time: 18/8/2020 4:52 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLD 273R Insured: GBG 3048Hat Workshop m/s VOLKSWAGEN Tel: 92361588of 17 Tuas ave 9Policy No: _____ Claim No: SNM20D202906

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-8-20 5.10P.M Person Contacted: GERMAINE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLD 273R- ☒
	GBG 3048H- ☒