

ASS. REC. BY:

REF: CS/CTI20009083/Btf3

Special Instruction:

Surveyor: LIM

ASSIGNMENT (Office)

From (Person): PAULIN THAM

of CTI

Date/Time: 27/8/2020 4:44 PM

Estimated Cost:

Bill to:

OD: ☒ TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SKN 4761G

Insured: SML 7753Y

at Workshop m/s TEAMAUTOPRO

Tel: 6258 1955

of 160 Sin Ming Dr, #01-14 Sin Ming AutoCity

Policy No:

Claim No: SNM20D203067

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27-AUGUST-2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 27-8-20 4.49P.M

Person Contacted: PEACH

Vehicle ☒ IN/OUT

| Date/Time | Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate |
|-----------|---------------------------------------------------------------------|
|           | SKN 4761G- <input checked="" type="checkbox"/>                      |
|           | SML 7753Y- <input checked="" type="checkbox"/>                      |
|           |                                                                     |
|           |                                                                     |
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