

ASS. REC. BY:

REF: CS/CTI20009094/Aqf3

Special Instruction:

Surveyor: ADRAINASSIGNMENT (Office)From (Person): IRENE TAY of CTI Date/Time: 27/8/2020 6:10 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLU 5746X Insured: SJZ 1177Lat Workshop m/s AUTOMOBILE HUB ENTERPRISE Tel: 9786 4483of 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAYPolicy No: _____ Claim No: SNM20D203046C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/08/2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 28-8-20 9.19A.M Person Contacted: SIONG Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLU 5746X-
	SJZ 1177L