

ASS. REC. BY:

REF: CS/CTI20009169/R1tf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)From (Person): PAULINE THAM of CTI Date/Time: 31/8/2020 11:20 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMD 1081J Insured: YN 8523Kat Workshop m/s KAH MOTOR Tel: 9072 1769of 255 Alexandra RoadPolicy No: _____ Claim No: SNM20D203115

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 31-8-20 11.21A.M Person Contacted: SIN HAI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SMD 1081J-X</u>
	<u>YN 8523K-X</u>