

ASS. REC. BY:

REF: CS/CTI20009181/Eyf3

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)From (Person): PAULINE THAM of CTI Date/Time: 31/8/2020 1:39 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLS 7187G Insured: GBH 5453Cat Workshop m/s N-51 Automotive Pte Ltd Tel: 68420051of 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUBPolicy No: _____ Claim No: SNM20D203120

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28-8-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 31-8-20 1.45P.M Person Contacted: MELODY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLS 7187G- ☒
	GBH 5453C- ☒