

ASS. REC. BY:

REF: CS/CTI20009376/Uyf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): JENNY LEW of CTI Date/Time: 3/9/2020 10:48 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBH 4374D Insured: YN 9175Aat Workshop m/s LEANG AUTOMOTIVE Tel: 9028 6516of BLK 1 KAKI BUKIT AVE 6 #01-68 AUTOBAY@ KAKI BUKITPolicy No: _____ Claim No: SNM20D203174

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12 August 2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 3-9-20 10.49A.M Person Contacted: LEANG Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	GBH 4374D-CC4/ASM18013251/T1ea3q2 DOA :18/07/2018
	YN 9175A- X