

ASS. REC. BY:

REF: CS/CTI20009434/Ayf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)From (Person): JENNY LEW of CTI Date/Time: 4/9/2020 11:51 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SME 347U Insured: XD 3882Xat Workshop m/s Dynamic Autowork Tel: 9856 4815of 8 Kaki Bukit Avenue 4 #08-09Premier @ Kaki BukitPolicy No: _____ Claim No: SNM20D203199

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03-09-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 4-9-20 11.54A.M Person Contacted: MICHELLE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SME 347U-X</u>
	<u>XD 3882X-X</u>