

ASS. REC. BY:

REF:CS/CTI20009600/R1yf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)

From (Person): Adeline Chng of CTI Date/Time: 08 Sep 2020 11:07

Estimated Cost: _____ Bill to: _____

OD- TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SMH 6424A Insured: GBD 5282A

at Workshop m/s TC AutoClinic Pte Ltd Tel: 67038511

of 25 Leng Kee Road

Policy No: DMCVSN17644419022 Claim No: SNM20D203255

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/09/2020
(Client's Record)

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

Date/Time: 08-09-20 2.04P.M Person Contacted: Sayedinah Ali Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMH 6424A- <input checked="" type="checkbox"/>
	GBD 5282A- <input checked="" type="checkbox"/>