

ASS. REC. BY:

REF: CS/CTI20009981/Ksf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): ALFRED TOH of CTI Date/Time: 17 Sep 2020 11:25

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SML 2545P Insured: SKK 7732L

at Workshop m/s Vermogen Ace Pte Ltd Tel: 9128 8559

of 60 Jalan Lam Huat, #03-35/36

Policy No: DMPCSNW00097932000 Claim No: SNM20D203331C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/09/2020
(Client's Record)

"WP"

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

Date/Time: 17-09-20 12.07P.M Person Contacted: PAOLO Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SML 2545P- <input checked="" type="checkbox"/>
	SKK 7732L- <input checked="" type="checkbox"/>