ASS. REC. BY:

REF: CS/CTI20010201/d3

Special Instruction:

Surveyor

Merimen

ASSIGNMENT (Office)

From (Person): LIONEL CHUA of CTI Date/Time: 23/9/2020@11.21AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBB 4945M Insured:

at Workshop m/s JIN AUTO Tel: 6289 8126

of BLK 14 DEFU LANE 10# 01-410/412

Policy No: DMCVSN3079781900 Claim No: SNM20D203461/C01/CHUAKK

Sum Insured: Excess: $500.00 (no waiver)

Make of Veh: D.O.A. 21/09/2020
(Client's Record)

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

Date/Time: 23/9/2020@11.40AM Person Contacted: JOUIS Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate