

ASS. REC. BY:

REF: CS/CTI20010472/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 30/9/2020 11:14 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLN 8846H Insured: _____

at Workshop m/s YI HENG MOTOR WORKSHOP Tel: 6509 0052/97412120

of BLK 1 KAKI BUKIT AVE 6#02-57

Policy No: DMPCSNW00048072001 Claim No: SNM20D203587C01

Sum Insured: _____ Excess: \$500.00

Make of Veh: _____ D.O.A. 29-09-20
(Client's Record)

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

Date/Time: 30-9-20 11.24A.M Person Contacted: WAN PING Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLN 8846H- NA/CTI20010429/z4 DOA :29/09/2020