

ASS. REC. BY:

REF: CS/CTI20010891/Kqf3

Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): PAULINE THAM of CTI Date/Time: 9/10/2020 9:59 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJD 3656Z Insured: SMF 6980X

at Workshop m/s Accord Auto Services Pte Ltd Tel: 9740 0999

of 10 Ang Mo Kio Ind Park 2A #03-11 Ang Mo Kio Auto Point

Policy No: _____ Claim No: SNM20D203745

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06.10.20
(Client's Record)

"WP"

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

Date/Time: 9-10-20 10.06A.M Person Contacted: Jacqueline Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SJD 3656Z-CC7/AIG13003117/Cpq2-1 DOA:08/02/2013
	SMF 6980X- X
	double reference - Cancel