

ASS. REC. BY:

REF: CS/CTI20011365/Utf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): LIONEL CHUA of CTI Date/Time: 20/10/2020 11:57 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SFY 440K Insured: GBJ 5389Uat Workshop m/s Cycle & Carriage Tel: 85523293of 330 Ubi Road 3Policy No: _____ Claim No: SNM20D203914

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17-10-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 20-10-20 12.09P.M Person Contacted: BAGANG Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SFY 440K- ☒
	GBJ 5389U- ☒