22/03/2002

ASS. REC. BY: | REF: CS/CTI20011412/f3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 21/10/2020 7:42 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLZ 734L Insured: XD 5694J

at Workshop m/s Inchcape Centre Tel: 9847 6209 / 6631 1687

of 17 Ubi Road 4

Policy No: Claim No: SNM20D203897

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 21-10-20 10.14A.M Person Contacted: SAM Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLZ 734L- ✗
	XD 5694J- NA/CTI18019001/z4 DOA : 18/10/2018
	29-01-21 10.31A.M-ACCORDING TO THE REPAIRER SAM,OWNER WITHDRAW CLAIM
	DUE TO UNCLEAR LIABILITY.
17/02/2021	Hi Winnie, please proceed to cancel assignment. Celine 17/02/2021