ASS. REC. BY:

REF: CS/CTI20011965/d3

Special Instruction:

Surveyor

Merimen

## ASSIGNMENT (Office)

3/11/2020@6.22am

From (Person): IRENE TAY of CTI Date/Time:

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 6353J Insured: SLX 9638H

at Workshop m/s KAH MOTOR Tel: 9678 6493

of 15 UBI ROAD 4

Policy No: DMPCSNW00087752000 Claim No: SNM20D204113C02/IRENE

Sum Insured: Excess:

Make of Veh: D.O.A. 30/10/2020

(Client's Record)

'WP'

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

Date/Time: 8.47AM@3/11/2020 Person Contacted: PO SOON Vehicle IN / OUT

| Date/Time | Action/Instruction ( ✓ ) Estimate |
|---|---|
| | SLV 6353J-X |
| | SLX 9638H-X |
| | |
| | |
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| | |