ASS. REC. BY: | REF: CS/CTI20012005/d3 | Special Instruction:

Surveyor Merimen

ASSIGNMENT (Office)

From (Person): IRENE TAY of CTI Date/Time: 3/11/2020@4.15PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBB 333E Insured: SLT 8381A

at Workshop m/s MOTORWAY Tel:

of 1094 LOWER DELTA ROAD

Policy No: DMHCSNA00005792000 Claim No: SNM20D203913C02/IRENE

Sum Insured: Excess:

Make of Veh: D.O.A. 16/10/2020
(Client's Record)

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

Date/Time: 4.45PM@3/11/20 Person Contacted: AINEE Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBB 333E-X
	SLT 8381A-X