

ASS. REC. BY:

REF: CS/CTI20012317/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Irene Tay of CTI Date/Time: 10/11/2020 9:06 AM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLH 3380Z Insured: SKE 1681Xat Workshop m/s MOTOR IMAGE Tel: 9668 9313 / 86113195(DANIEL)of 19 Lorong 8 Toa Payoh Singapore 319255

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05-11-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 10-11-20 11.27A.M Person Contacted: DANIELVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLH 3380Z - ☒
	SKE 1681X - ☒