

ASS. REC. BY:

REF: CS/CTI20012478/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): Adeline Chng Pei Wen of CTI Date/Time: 13 Nov 2020 10:43

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBK 7491M Insured: SLS 1627Tat Workshop m/s COMPLETE VMS PTE LTD Tel: 6455 0012of 176 Sin Ming Drive #03-14 Sin Ming Autocare ComplexPolicy No: DMHCSNA00003102000 Claim No: SNM20D204279

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/11/2020
(Client's Record)

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

Date/Time: 13-11-20 10.55A.M Person Contacted: LI HUI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	FBK 7491M- ☒
	SLS 1627T- ☒