

ASS. REC. BY:

REF: CS/CTI20012482/T1qf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): JENNY LEW of CTI Date/Time: 13 Nov 2020 11:18A.M

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SBS 8416H Insured: SMU 3093Yat Workshop m/s Sbs Transit Ltd Tel: 6244 4514 / 6244 4517 (9766 0306)of 1470 BEDOK NORTH AVE 4, 489946 BedokPolicy No: DMPCSNW00101222000 Claim No: SNM20D204348C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07/11/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 13-11-20 11.31A.M Person Contacted: RAJES Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SBS 8416H- ☒
	SMU 3093Y- ☒