

ASS. REC. BY:

REF: CS/CTI20012591/Asf3

Special Instruction:

Surveyor: ADRIAN ASSIGNMENT (Office)

From (Person): Cecilia Low of CTI Date/Time: 16/11/2020 3:35 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGV 5325G Insured: SKL 1004P

at Workshop m/s Eunos Motor Service Tel: 6747 2033

of BIK C, 1 Kaki Bukit Ave 6 #01-064 Autobay @ Kaki Bukit

Policy No: _____ Claim No: SNM20D204357

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/11/2020
(Client's Record)

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

Date/Time: 16-11-20 4.10P.M Person Contacted: MS NG Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SGV 5325G- <input checked="" type="checkbox"/>
	SKL 1004P- CS/CTI20008524/Ktf3 DOA :07/08/2020