

ASS. REC. BY:

REF: CS/CTI20012669/Atf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): Irene Tay of CTI Date/Time: 18/11/2020 8:12 AM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMN 4034Z Insured: SLZ 8824Hat Workshop m/s MG SOLUTION PTE LTD Tel: 6744 4165of 23 Kaki Bukit Avenue 4(South Wing) #02-03BPolicy No: DMHCSNA00001942000 Claim No: SNM20D204399

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/11/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 18-11-20 9.15P.M Person Contacted: MS HONG Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMN 4034Z- ☒
	SLZ 8824H- ☒