

ASS. REC. BY:

REF: CS/CTI20012698/Uvf3

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): TAN KAH LEONG of CTI Date/Time: 18/11/2020 11:52 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMF 1808U Insured: GX 8558X

at Workshop m/s Autolution Industrial Pte Ltd Tel: 67038691

of 19 Ubi Road 4

Policy No: _____ Claim No: SNM20D204414

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15.11.2020
(Client's Record)

"WP"

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

Date/Time: 18-11-20 12.12P.M Person Contacted: ELMER Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMF1808U- X
	GX 8558X- CS/HSB09024858/Kbh DOA:02/11/2009