

ASS. REC. BY:

REF: CS/CTI20012715/T1vf3

Special Instruction:

Surveyor: TAUFIKH

ASSIGNMENT (Office)

From (Person): IRENE TAY

of CTI

Date/Time: 18/11/2020 3:37 PM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: SMT 4428P

Insured: PA 8401D

at Workshop m/s XINYA AUTO SERVICES PTE LTD

Tel: 62703481

of BLK 1002 BUKIT MERAH LANE 3 #01-75

Policy No: DMB1SNW00009682002

Claim No: SNM20D204379

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 12.11.20

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 18-11-20 3.52P.M

Person Contacted: MAY

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMT 4428P- NBA/INC20012471/Y DOA :12/11/2020
	PA 8401D- NBA/INC20012471/Y DOA :12/11/2020