

12/17/2000

REF: CS/CTI20012847/d3

Special Instruction:

ASS. REC. BY:

ASSIGNMENT (Office)

SU(VA)BY Merimen

From (Person): ADELINE CHNG

of CTI

Date/Time: 23/11/2020@11.16PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKB 3113Y

Insured: GU 7663Y

at Workshop m/s UNIMOTOR CO

Tel: 9798 1616

of 1 KAKI BUKIT AVE 6 # 01-94

Policy No: DMCVSNW00038582003

Claim No: SNM20D204503/C02

Sum Insured: Excess:

D.O.A. 20/11/2020

Make of Veh: (Client's Record)

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 23/11/2020@11.27AM

Person Contacted: ALVIN

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKB 3113Y-x
	GU 7663Y- CC7/AIG13009499/Ct2q2
	DOA : 22/05/2013SK