ASS. REC. BY: | REF: CS/CTI20013123/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): ALFRED TOH of CTI Date/Time: 27/11/2020@4.18PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 5247Z Insured: SKT 8993X

at Workshop m/s TEAMWORK GARAGE Tel: 6844 2475

of 53 UBI AVENUE 1# 01-24

Policy No: Claim No: SNM20D204602/C02/SKT8993X/TAYHP

Sum Insured: Excess:

Make of Veh: D.O.A. 25/11/2020
(Client's Record)

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

Date/Time: 4.39PM@27/11/2020 Person Contacted: DARREN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJT 5247Z-X
	SKT 8993X-X

Repairer agreed to survey on 30/11/2020