

ASS. REC. BY:

REF: CS/CTI20013149/Avf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): PAULINE THAM of CTI Date/Time: 30/11/2020 4:11 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP-WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLJ 3947D Insured: SMP 3435Xat Workshop m/s iShare Auto Pte. Ltd. Tel: 6341 6789of 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki BukitPolicy No: _____ Claim No: SNM20D204645

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29-11-20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 30-11-20 4.19P.M Person Contacted: MICHELLE Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLJ 3947D- ☒
	SMP 3435X- ☒