

ASS. REC. BY:

REF: CS3/CTI20013610/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): Irene Tay of CTI Date/Time: 9/12/2020 2:54 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJG 974J Insured: GBK 5010Gat Workshop m/s GARAGE 13 Tel: 6385 1171of 8 KAKI BUKIT AVE 4 #03-46 PREMIERPolicy No: _____ Claim No: SNM20D204704

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04.12.2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 09-12-20 3.01P.MPerson Contacted: IRENEVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SJG 974J- NA/INC20013414/Y DOA :05/12/2020
	GBK 5010G- NA/INC20013414/Y DOA :05/12/2020