

ASS. REC. BY:

REF: CS/CTI20013613/Atf3

Special Instruction:

Surveyor: AdrianASSIGNMENT (Office)From (Person): Tan Kah Leong of CTI Date/Time: 09 Dec 2020 13:55

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLS 5004P Insured: SKM 8719Jat Workshop m/s First Autoworks Pte Ltd Tel: _____of 23 KAKI BUKIT AVE 4 #04-01 SOUTH WINGPolicy No: DMPCSNW00048372000 Claim No: SNM20D204685C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/12/2020
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 09-12-20 3.16P.M Person Contacted: SUHAIMI Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLS 5004P- ☒
	SKM 8719J- ☒