ASS. REC. BY: | REF: CS/CTI20013955/d3 | Special Instruction:

Surveyor: Merimen

ASSIGNMENT (Office)

16/12/2020@9.56am

From (Person): TAN KAH LEONG of CTI Date/Time:

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GY 3227D Insured:

at Workshop m/s GOLDBELL ENGINEERING Tel: 6864 0698

of 10 TUAS AVENUE 18

Policy No: DMCVSNW00056492001 Claim No: SNM20D204794/C01/TANKL

Sum Insured: Excess: $500.00 (NO WAIVER)

Make of Veh: D.O.A. 09/12/2020
(Client's Record)

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

Date/Time: 10.18AM@16/12/2020 Person Contacted: CATHERINE Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GY 3227D-NA/TMI19006491/r3

Repairer arrange to survey on 17/12/2020

DOA : 03/04/2019