22/03/2002

ASS. REC. BY: | REF: CS/CTI20013993/Ktf3 | Special Instruction:

Surveyor : KENNETH **ASSIGNMENT (Office)**

From (Person): JENNY LEW of CTI Date/Time: 16/12/2020 4:11 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGN 414H Insured: SLE 2518S

at Workshop m/s BODYFIX Tel: 6257 1289 / 6483 7430

of 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06 AMK AUTOPOINT

Policy No: DMHCSNA00004272000 Claim No: SNM20D204882

Sum Insured: Excess:

Make of Veh: D.O.A. 9/12/20
(Client's Record)

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

Date/Time: 16-12-20 4.15P.M Person Contacted: YU ZHEN Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGN 414H- X
	SLE 2518S- X