

ASS. REC. BY:

REF: CS/CTI20014240/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): Pauline Tham of CTI Date/Time: 21/12/2020 6:05 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMM 4972X Insured: XE 4526Mat Workshop m/s Spark Car Care Tel: 9651 5871of 205 bradell road

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08-12-2020
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 22-12-20 9.47 A.M Person Contacted: WILLIAM Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMM 4972X- CS/CTI19016951/Kqf3e2 DOA :18/09/2019
	XE 4526M - CS/CTI20014106/T1qd3 DOA :16/12/2020