

12/17/2000

REF: CS/CTI20014255/Ktd3

Special Instruction:

ASS. REC. BY:

SURV BY: KENNETH

ASSIGNMENT (Office)

Merimen From (Person): PAULINE THAM

of CTI

Date/Time: 22/12/2020@ 10.10AM

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
SFH 5233Z

Insured:

To Inspect Vehicle No:

DING AUTO

Tel: 6452 1208

at Workshop m/s

BLK 10 SIN MIND IND. EST SEC. C # 01-20

Policy No: DMPCSNW00116882000

Claim No: SNM20D204954/C01/THAMYI

Sum Insured:

Excess: \$250.00

D.O.A. 17/12/2020

Make of Veh:
(Client's Record)

CA REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10.57AM@22/12/20

Person Contacted: KENNETH

Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	DOA
	SFH 5233Z- CC3/AIG14007140/H1ua3q2	DOA :10/04/2014