ASS. REC. BY: | REF: CS/CTI20014399/d3 | Special Instruction:

Surveyor: Merimen

ASSIGNMENT (Office)

From (Person): JENNY LEW of CTI Date/Time: 23/12/2020@ 5.09PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGC 1593A Insured:

at Workshop m/s AUTO INSURE Tel: 9352 1129

of 6 MARSILING LANE

Policy No: DMHCSNW00008152000 Claim No: SNM20D204984/C01/LEWLC

Sum Insured: Excess: $1250.00

Make of Veh: D.O.A. 20/12/2020

(Client's Record)

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

Date/Time: 5.22PM@23/12/20 Person Contacted: SIEW Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGC 1593A-CC3/CTI20014292/T1ea3

Repairer agreed to survey on 24/12/2020

DOA :20/12/2020