ASS. REC. BY: | REF: CS/CTI20014696/Aqd3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): PAULINE THAM of CTI Date/Time: 29/12/2020@4.57PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMW 3596C Insured: SMH 6594S

at Workshop m/s PREMIUM AUTO Tel: 8826 8736

of 55 UBI ROAD 1

Policy No: DMPCSNW00012042001 Claim No: SNM20D205154C02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26/12/2020

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

Date/Time: 5.19PM@30/12/20 Person Contacted: SYAFIQ Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMW 3596C-X
	SMH 6594S-X