ASS. REC. BY:

REF: CS/CTI21000167/Uvd3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): IRENE TAY of CTI Date/Time: 5/1/2021@3.54PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SFD 188A Insured: GBF 8826B

at Workshop m/s KAIZEN MOTOR Tel: 9150 0670

of 68 KAKI BUKIT AVE 6, #02-12 ARK

Policy No: DMCVSNW00011682000 Claim No: SNM21D200037/C02/IRENE

Sum Insured: Excess:

Make of Veh: D.O.A. 02/01/2021
(Client's Record)

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

Date/Time: 4.01PM@05/01/2021 Person Contacted: SHAWN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SFD 188A-X
	GBF 8826B-X
2/3/21	Send IA via merimen