ASS. REC. BY: | REF: CS3/CTI21000297/Gtd3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): PAULINE THAM of CTI Date/Time: 07/01/2021@11.59AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMX 1943S Insured: GBB 7621C

at Workshop m/s ECLIPSE AUTO Tel: 8128 8789

of 155 Kaki Bukit Avenue 1 Level 1

Policy No: Claim No: SNM21D200057/C02/GBB7621C/TANKL

Sum Insured: Excess:

Make of Veh: D.O.A. 04/01/2021
(Client's Record)

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

Date/Time: 12.38PM@07/01/21 Person Contacted: FRANKIE Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (X) Estimate	
	SMX 1943S-NA/LIP21000142/h4	DOA : 04/01/2021
	GBB 7621C-NA/LIP21000142/h4	DOA: 04/01/202