mm/yyyy

ASS. REC. BY:

REF: CS3/CTI21000507/Gqd3

Special Instruction:

Surveyor / Merimen: GUO QIANG

ASSIGNMENT (Office)

From (Person): JENNY LEW of CTI Date/Time: 12/01/2021@11.33AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GU 9717M Insured: YN 6682Y

at Workshop m/s GARAGE 13 Tel:

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No: Claim No: SNM21D200167/C02/LEWLC

Sum Insured: Excess:

Make of Veh: D.O.A. 09/01/2021
(Client's Record)

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

Date/Time: 11.40AM@12/01/21 Person Contacted: IRENE Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	GU 9717M-NA/INC21000454/z4	DOA; 09/01/2021
	YN 6682Y-NA/INC21000454/z4	DOA: 09/01/2021