

ASS. REC. BY:

REF: CS/CTI21000696/Kvf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)From (Person): IRENE TAY of CTI Date/Time: 14/1/2021 4:40 PM

Estimated Cost: _____ Bill to: _____

OD-☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLG 7329C Insured: SMJ 199Dat Workshop m/s SPARK CAR CARE Tel: 8718 6226of 205 BRADELL ROADPolicy No: _____ Claim No: SNM21D200160

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11-01-21
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 14-01-2021 4.47P.M Person Contacted: WILLIAM Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLG 7329C- CC4/III21000556/pa3 DOA :11/01/2021
	SMJ 199D- CC4/III21000556/pa3 DOA :CC4/III21000556/pa3