

ASS. REC. BY:

REF: CS/CTI21000834/Aqf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): TAN KAH LEONG of CTI Date/Time: 18/1/2021 5:11 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMT 4116P Insured: SMQ 4593Kat Workshop m/s TWINCAR Tel: 6744 0510of 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUBPolicy No: DMPCSNW00074362000 Claim No: SNM21D200248C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15-01-21
(Client's Record)CA / REV / REP. / REV 24 HRS
"WP"

H.O.D. Endorsement: _____

Date/Time: 18-01-21 5.19P.M Person Contacted: MELODY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMT 4116P- NA/INC21000727/h4 DOA :15/01/2021
	SMQ 4593K - NA/INC21000727/h4 DOA :15/01/2021