

ASS. REC. BY:

REF: CS/CTI21000974/Utf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): PAULINE THAM of CTI Date/Time: 20/1/2021 4:29 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBR 9064M Insured: YP 7391Uat Workshop m/s TEO SPRAY PAINTING Tel: 6283 5474of BLK 6 DEFU LANE 10 DEFU IND PARK C #01-558Policy No: _____ Claim No: SNM21D200308

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12-01-21
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 20-01-21 4.49P.M Person Contacted: IRENE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	FBR 9064M- ☒
	YP 7391U- ☒