

ASS. REC. BY:

REF: CS/CTI21001022/Ktf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): ALFRED TOH of CTI Date/Time: 21/1/2021 3:13 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJG 3972U Insured: SBF 9797U

at Workshop m/s THIAM HENG HUAT Tel: 82636295

of 176 SIN MING DRIVE # 05-14

Policy No: _____ Claim No: SNM21D200289

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____
(Client's Record)

"WP"

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

Date/Time: 21-01-21 3.40P.M Person Contacted: STEVE Vehicle IN/OUT

| Date/Time | Action/Instruction (<input checked="" type="checkbox"/>) Estimate | |
|-----------|---|-----------------|
| | SJG 3972U- NBA/CTI21000818/Y | DOA :16/01/2021 |
| | SBF 9797U- NBA/CTI21000818/Y | DOA :16/01/2021 |
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