urveyor : _i	Bryan	SERVICE SERVICE	ASSIGNME	NT (Office)		7
From (Person):	Adeline	Chng	of CTI	pat .	Date/Tir	ne: 26/01/2021
Estimated Cost				Bill to:		31
	TP RES / C	DD RES / EVA	/INV/MV/C		Insured:	SLB 3988C
at Workshop n	n/s	C S ONG			Tel:	
of		AMK				
Policy No:	olicy No: DMPCSNW00188752000			Claim No: _	SNM2	1D200414C02
O T .						
Sum Insured:				Excess:		
Make of Veh: (Client's Record				_	D.O.A.	23/01/2021
Make of Veh:	REP. / RE	V 24 HRS	8	-0		Endorsement:
Make of Veh: (Client's Record CA / REV	REP. / RE	V 24 HRS	8		н.о.D	Endorsement:
Make of Veh: (Client's Record CA / REV / Date/Time:	REP. / RE	V 24 HRS	rson Contacted: _		H.O.D Vehicle	Endorsement:
Make of Veh: (Client's Record CA / REV / Date/Time:	REP. / RE	V 24 HRS	rson Contacted: _		H.O.D Vehicle	Endorsement:
Make of Veh: (Client's Record CA / REV / Date/Time:	REP. / RE	V 24 HRS	rson Contacted: _		H.O.D Vehicle	Endorsement: