

ASS. REC. BY:

REF: CS/CTI21001250/Atf3

Special Instruction:

Surveyor: ADRIANASSIGNMENT (Office)From (Person): ADELINE CHNG of CTI Date/Time: 26/1/2021 4:23 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: EN 72J Insured: SMD 6755Rat Workshop m/s PREMIUM Tel: 66900293of 55 Ubi Road 1 S408699Policy No: _____ Claim No: SNM21D200420

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 26-01-21 4.43 P.MPerson Contacted: GEORGE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	EN 72J - X
	SMD 6755R - X