

ASS. REC. BY:

REF: CS3/CTI21001278/Gqf3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): ADELINE CHNG of CTI Date/Time: 27/1/2021 11:23 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKX 6866Y Insured: GBJ 6163Y

at Workshop m/s GARAGE 13 Tel: 96664445

of 8 KAKI BUKIT AVE 4 #03-46 PREMIER

Policy No: DMCVSNW00038522001 Claim No: SNM21D200451C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25.01.2021
(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27-01-45 11.45A.M Person Contacted: IRENE Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SKX 6866Y- CS/CTI20007838/T1qf3e2 DOA :28/07/2020
	GBJ 6163Y- X