

ASS. REC. BY:

REF: CS/CTI21001534/Kvf3

Special Instruction:

Surveyor: KENNETH ASSIGNMENT (Office)

From (Person): IRENE TAY HUI PING of CTI Date/Time: 01 Feb 2021 18:00

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKG 5030M Insured: GBJ 6072B

at Workshop m/s Optima Werkz Pte Ltd Tel: 64721313

of 6 Kung Chong Road, 159143 Leng Kee

Policy No: DMCVSNW00045302001 Claim No: SNM21D200583C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/01/2021
(Client's Record)

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

Date/Time: 2/2/21 9.41A.M Person Contacted: CHIO Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKG 5030M- <input checked="" type="checkbox"/>
	GBJ 6072B- <input checked="" type="checkbox"/>