

12/17/2000

REF: CS/CTI21001606/Kqd3

Special Instruction:

ASS. REC. BY:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): ADELINE CHNG of CTI

Date/Time: 03/02/2021@2.34PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLR 2387J

Insured: CB 9839S

at Workshop m/s LIAN HER MOTOR

Tel: 9108 2728

of BLK 5038 #01-405 AMK IND PARK 2

Policy No: DMB1SNW00005762000

Claim No: SNM21D200639C02

Sum Insured: _____

Excess: _____

Make of Veh:
(Client's Record)

D.O.A 18/01/2021

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement: _____

Date/Time 2.47PM@03/02/21

Person Contacted: ANTHONY

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLR 2387J-X
	CB 9839S-CC6/AIG12010392/Ub1g2y DOA : 23/05/2012