

ASS. REC. BY:

REF: CS/CTI21001642/T1qd3

Special Instruction:

Surveyor: TAUFIKH

ASSIGNMENT (Office)

MERIMEN

From (Person): IRENE TAY of CTI Date/Time: 3/2/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMA 5147T Insured: SJK 2456D

at Workshop m/s AP AUTOMOTIVE SERVICES Tel: 6784 4465

of BLK 9006 TAMPINES STREET 93 #01-202 S528840

Policy No: DMPCSNW00139532005 Claim No: SNM21D200571C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/01/2021
(Client's Record)

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

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMA 5147T - NA/INC21001453/h4 DOA 29/01/2021
	SJK 2456D x