

ASS. REC. BY:

REF: CS/CTI21001799/Qvf3

Special Instruction:

Surveyor: SUN PIN

ASSIGNMENT (Office)

From (Person): TAN KAH LEONG of CTI Date/Time: 08 Feb 2021 09:40

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SFZ 8008T Insured: _____

at Workshop m/s Auto Insure Pte Ltd Tel: 9743 6363

of 6 Marsiling Lane, 739145 Woodlands

Policy No: DMPCSNW00151792000 Claim No: SNM21D200497

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/01/2021
(Client's Record)

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

Date/Time: 08-02-21 10.00A.M Person Contacted: ALYWIN Vehicle ~~IN~~ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SFZ 8008T- CS/RSI11019083/T1vk3 DOA :14/09/2011