

ASS. REC. BY:

REF: CS/CTI21001938/Uff3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): PAULINE THAM of CTI Date/Time: 9/2/2021 2:51 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMH 502Y Insured: GBF 7893Mat Workshop m/s TransEurokars Pte Ltd Tel: 91277928of 5 Ubi ClosePolicy No: _____ Claim No: SNM21D200760

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24-JAN-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 09-02-2.59P.MPerson Contacted: RONALDVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMH 502Y- ☒
	GBF 7893M- ☒