

ASS. REC. BY:

REF: CS3/CTI21001989/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): JENNY LEW of CTI Date/Time: 10 Feb 2021 09:20

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKH 5092D Insured: GBK 6421Yat Workshop m/s Benefit Auto Care Pte Ltd Tel: 84446556of 11 KAKI BUKIT ROAD 1 #01-02 EUNOS TECHNOLINKPolicy No: DMCVSNW00092302000 Claim No: SNM21D200765

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/02/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 10-2-21 10.31A.M Person Contacted: ANGELINE Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	SKH 5092D- ☒
	GBK 6421Y- ☒