

ASS. REC. BY:

REF: CS/CTI21002254/f3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): ADELIEN CHNG of CTI Date/Time: 17/2/2021 2:24 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLE 7472G Insured: GBH 1081Tat Workshop m/s Thiam Heng Huat Pte Ltd Tel: 82636295of 76 SIN MING DRIVE, #05-14, 575721 Sin MingPolicy No: DMCVSN3000022000 Claim No: SNM21D200787

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06/02/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 17-02-21 2.49P.M Person Contacted: STEVEN Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLE 7472G- ☒
	GBH 1081T- ☒