

ASS. REC. BY:

REF: CS3/CTI21002362/Qtf3

Special Instruction:

Surveyor: SUN PINASSIGNMENT (Office)From (Person): ADELINE CHNG of CTI Date/Time: 19/2/2021 11:50 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBK 5844S Insured: GBK 7003Pat Workshop m/s THE MECHANIC PRIVATE LIMITED Tel: 9119 3959of 08 Kaki Bukit Avenue 4 #02-47 Premier@KBPolicy No: _____ Claim No: SNM21D200967

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 9 FEBRUARY 2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 19-02-21 12.18P.M Person Contacted: DILYS Vehicle ☒ IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	GBK 5844S- ☒
	GBK 7003P- ☒