

12/02/2020

REF: CS/CTI21002791/d3

Special Instruction:

ASS. REC. BY:

SURVEY BY:

Merimen

ASSIGNMENT (Office)

From (Person): JENNY LEW

of CTI

Date/Time: 02/03/2021@12.56PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: YP 7404S

Insured: GBG 7237C

at Workshop m/s COMFORTDELGRO

Tel:

of 320 UBI ROAD 3

Policy No: DMCVSNW00094912000

Claim No: SNM21D201169/C02/LEWLC

Sum Insured:

Excess:

D.O.A. 04/02/2021

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

'WP'

H.O.D. Endorsement:

Date/Time: 1.49PM@02/03/21

Person Contacted: TINNIE

Vehicle IN ☒ OUT

| Date/Time | Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate |
|-----------|---------------------------------------------------------------------|
|           | YP 7404S-X                                                          |
|           | GBG 7237C-X                                                         |
|           |                                                                     |
|           |                                                                     |
|           |                                                                     |
|           |                                                                     |