

ASS. REC. BY:

REF: CS/CTI21003653/T1vf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): JENNY LEWof CTIDate/Time: 22/3/2021 12:27 PM

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: _____

SFY 8890S

Insured: _____

GBD 4506L

at Workshop m/s _____

Volkswagen Group Singapore Pte Ltd

Tel: _____

65 6305 7176of 247 Alexandra Road

Policy No: _____

Claim No: _____

SNM21D201594

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 5.3.2021

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement: _____

Date/Time: 22-03-21 1.06P.M

Person Contacted: _____

CHARMAINEVehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SFY 8890S - NA/RSI13011052/s4 DOA : 18/06/2013
	GBD 4506L - ☒