22/03/2002

ASS. REC. BY: | REF: CS/CTI21013325/Nf2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): PAULINE THAM of CTI Date/Time: 23/07/2022

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJR 9017E Insured: GBG 214P

at Workshop m/s Tel:

of

Policy No: DMCVSNW00046432102 Claim No: SNM21D207343/C02

Sum Insured: Excess:

Make of Veh: D.O.A. 14/12/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction ( ) Estimate
	$500/-