

ASS. REC. BY:

REF: CS3/AIG20006236/Gvf3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): ERIC TEO of AIG Date/Time: 8-6-2020 9.16A.M

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLX 3799R Insured: SJS 2292S

at Workshop m/s 833 MOTORSPORTS Tel: 8332 2833

of 160 SIN MING DRIVE #02-09 SIN MING AUTOCITY

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/04/2020
(Client's Record)

"WP"

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

Date/Time: 8-6-20 11.38A.M Person Contacted: ELDRED Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLX 3799R - <input checked="" type="checkbox"/>
	SJS 2292S - <input checked="" type="checkbox"/>