ASS. REC. BY: | REF: CC3/AIG20009227/f3 | Special Instruction:

Surveyor: _____ **ASSIGNMENT (Office)**

From (Person): _____ of AIG Date/Time: 01/09/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLJ 1784U Insured: _____

at Workshop m/s Premium Automobile Tel: _____

of 55 Ubi Road 1

Policy No: 1800076240-01 Claim No: 3710864722SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/03/2020
(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
	SLJ 1784U - CC3/AIG18021186/Avbe2 DOA: 16/10/2018
14/09/2020	CANCEL CASE. OWNER WITHDRAW. NO SURVEY DONE. Celine 14/09/2020