

ASS. REC. BY:

REF:CS/AIG20010284/R1qd3

Special Instruction:

SUMMARY

RASUL

ASSIGNMENT (Office)

Merimen

From (Person): WINNIE FAN

of **AIG**

Date/Time: 24/9/2020@5.15PM

Estimated Cost:

Bill to:

OD+TP+WS+TP RES / OD RES / EVA / INV / MV / CS
0ME 1500X

SME 1566Y

Insured:

To Inspect Vehicle No:

Tel: 9186 5200

at Workshop m/s

CYCLE & CARRIAGE

of

209 PANDAN GARDEN

Policy No: 1800111894

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A D.O.A : 24/09/2020

(Client's Record)

CA / **REV** / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 25/9/2020@9.17PM

Person Contacted: COCO LU

Vehicle IN OUT

DateTime

Action/Instruction (✓)	Estimate
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SME 1566Y-X