

Special Instruction:

Surveyor : RASUL

ASSIGNMENT (Office)

From (Person): WINNIE FAN of AIG Date/Time: 29/9/2020 3:51 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLM 9650D Insured: _____

at Workshop m/s Cycle & Carriage Tel: 91819978

of 209 Pandan Gardens

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27.09.2020
(Client's Record)

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

Date/Time: 29-9-20 3.56P.M Person Contacted: EDWIN Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate.
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SLM 9650D-X



[illegible]
