

ASS. REC. BY:

REF: CS/AIG20010712/R1qf3

Special Instruction:

Surveyor: RASULASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 6/10/2020 10:46 AM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGC 5802X Insured: _____at Workshop m/s Cycle & Carriage Tel: 91865202of 209 Pandan GardensPolicy No: 1900263052 Claim No: 1351811091SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06.10.2020
(Client's Record)CA / ☒ REV REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 6-10-20 10.59A.M Person Contacted: DON Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SGC 5802X- NA/CTI19021221/h4 DOA :30/11/2019