

ASS. REC. BY:

REF: CS/AIG20010757/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 6/10/2020 3:31 PM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMD 1960Y Insured: _____at Workshop m/s Cycle & Carriage Tel: 91865202of 209 Pandan Gardens

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05.10.2020
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: 6-10-20 4.44P.M Person Contacted: DON Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SMD 1960Y-X</u>