

ASS. REC. BY:

REF: CS/AIG20010903/T1qf3

Special Instruction:

Surveyor: TAUFIKH

ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 9/10/2020 1:48 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLB 6106L Insured: _____

at Workshop m/s CYCLE & CARRIAGE Tel: 91865202

of 209 PANDAN GARDEN

Policy No: 2100459741 Claim No: 5925690624SG

Sum Insured: _____ Excess: \$600

Make of Veh: _____ D.O.A. 08-10-20
(Client's Record)

CA / REV REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 9-10-20 1.56P.M Person Contacted: DON Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLB 6106L- <input checked="" type="checkbox"/>