

ASS. REC. BY:

REF: CS/AIG20011122/T1tf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 14/10/2020 3:57 PM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLX 3540U Insured: _____at Workshop m/s Cycle & Carriage Tel: 91865200of 209 Pandan Gardens

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11-10-20
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 14-10-20 4.18P.M Person Contacted: COCO Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SLX 3540U- NA/AIG19020823/z4 DOA :24/11/2019