

ASS. REC. BY:

REF: CS/AIG20011178/Uvf3

Special Instruction:

Surveyor: MARCUSASSIGNMENT (Office)From (Person): HOR YINRUL of AIG Date/Time: 15/10/2020 11:34 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: JSE 9098 Insured: SLZ 707Rat Workshop m/s VAC WORKSHOP Tel: 84599966of 1 Kaki Bukit Avenue 6 #02-11

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/10/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 15-10-20 11.40A.M Person Contacted: LIM Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	JSE 9098- ☒
	SLZ 707R- ☒