

Surveyor: RASUL ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 23/10/2020 4:35 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMS 3678X Insured: _____

at Workshop m/s Cycle & Carriage Tel: 91819978

of 209 Pandan Gardens

Policy No: 2070013973 Claim No: 6122503457SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23.10.2020
(Client's Record)

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

Date/Time: 23-10-10 4.52P.M Person Contacted: KEVIN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>SMS 3678X- X</u>
<u>27/10/20</u>	<u>Seek mandate via merimen</u>
<u>27/10/20</u>	<u>Rece approved from Chang Lois-LK via merimen</u>
<u>27/10/20</u>	<u>Informed Edwin C/A excess \$0 by email</u>
<u>18/11/20</u>	<u>Final fig \$8930.76 confirmed by email (Red 1987.81, 18%)</u>