

ASS. REC. BY:

REF: CS/AIG20011488/R1td3

**Special Instruction:**

SURVAYOR

RASUL

ASSIGNMENT (Office)

From (Person):

CHIN LEE YING

of

## ALG

Date/Time: 10.57AM@23/10/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMH 1421R

**Insured:**

at Workshop m/s CYCLE & CARRIAGE KIA

Tel: 6568 4501

209 PANDAN GARDENS

Policy No: 1800147012

Claim No:

Sum Insured:

Excess:

D.O.A 22/10/2020

Make of Veh:

(Client's Record)

CA **REV** REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11.25AM@23/10/2020

Person Contacted: EDWIN

Vehicle **IN** / OUT

DateTime

|                          |          |
|--------------------------|----------|
| Action/Instruction ( ✓ ) | Estimate |
|--------------------------|----------|

SMH 1421R-X