

ASS. REC. BY:

REF: CS/AIG20011535/T1vf3

Special Instruction:

Surveyor: TAUFIKHASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 22/10/2020 11:31 AM

Estimated Cost: _____ Bill to: _____

☒ OB / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMH 448X Insured: _____at Workshop m/s Cycle & Carriage Tel: 81680997of 209 Pandan GardensPolicy No: 1900001735 Claim No: 5796460752SGSum Insured: _____ Excess: 300Make of Veh: _____ D.O.A. 21.10.2020
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: 22-10-20 11.37A.M Person Contacted: KEVIN Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	SMH 448X- X
23/10/20	Seek mandate via merimen
23/10/20	Rece approved from Chang Lois-LK via merimen
23/10/20	Informed Kevin C/A excess \$300 by email
10/11/20	Final fig \$18,597.19 confirmed by email (Red 2248.98, 11%)