

ASS. REC. BY:

REF: CS/AIG20012470/R1qf3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 13/11/2020 9:50 AM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMN 6276D Insured: _____at Workshop m/s Cycle & Carriage Automotive Tel: 91819978of 209 Pandan GardensPolicy No: 1900149638 Claim No: 2301670577SGSum Insured: _____ Excess: 300Make of Veh: _____ D.O.A. 12.11.2020
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: 13-11-20 10.26A.M Person Contacted: EDWIN Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	SMN 6276D - ☒