

ASSIGNMENT (Office)

From (Person): WINNIE FAN of AIG Date/Time: 30/11/2020 8:29 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SMT 7826D	Insured:
------------------------	-----------	----------

at Workshop m/s CYCEL & CARRIAGE KIA Tel: 81680997

of 209 PANDAN GARDEN

Policy No: 2070106804 Claim No: 1846588350SG

Sum Insured: _____ Excess: 0/-

Make of Veh: _____ D.O.A. 25.11.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 30-11-20 9.57A.M Person Contacted: KEVIN Vehicle: IN/OUT

[illegible]