22/03/2002

ASS. REC. BY: | REF: CS3/AIG20013185/Gtf3 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): ERIC TEO of AIG Date/Time: 01/12/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMU 7024X Insured: SMV 9315M

at Workshop m/s ETALIA AUTOWORKZ Tel: 90060280 JASON

of 51 UBI AVE 1 #01-04

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/11/2020
(Client's Record)

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

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SMU 7024X - X
	SMV 9315M - X