

12/17/2000

REF: CS3/AIG20013309/d3

Special Instruction:

ASS. REC. BY:

ASSIGNMENT (Office)

Merimen

SURV BY:

AIG

Date/Time: 3/12/2020@3.38PM

From (Person): TEO ERICWEIHONG

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SDE 9339R

Insured: SJN 234A

at Workshop m/s KOI MOTOR WORKS

Tel: 8125 8820

of 176 SIN MING DRIVE# 04-12

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 'WP'

H.O.D. Endorsement: _____

Date/Time 4.10PM@3/12/2020

Person Contacted: SELENA

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SDE 9339R-X
	SJN 234A-X