

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)

From (Person): WINNIE FAN of AIG Date/Time: 10/12/2020 10:21 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMS 7698L Insured: _____

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

of 209 PANDAN GARDEN

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23.11.2020
(Client's Record)

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

Date/Time: 10-12-20 11:08A.M Person Contacted: KEVIN Vehicle: IN/OUT

[illegible]