

ASS. REC. BY:

REF: CS/AIG20013723/Evd3

Special Instruction:

SURVADY

STEVE

ASSIGNMENT (Office)

Meirmen
From (Perso

WINNIE FAN

of

AIG

Date/Time: 11/12/2020@1.57PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMR 5019R

Insured:

To Inspect Vehicle No:

Tel: 6568 4501

at Workshop m/s

CYCLE & CARRIAGE AUTOMOTIVE

209 PANDAN GARDENS

Policy No: 1900262398

Claim No:

Sum Insured:

Excess: TBA

D.O.A. 09/12/2020

Make of Veh:
(Client's Record

CA / **REV** / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2.12PM@11/12/20

Person Contacted: KEVIN

Vehicle **IN/OUT**

DateTime

Action/Instruction	(✓)	Estimate
1. <u>Identify the problem</u>		
2. <u>Define the problem</u>		
3. <u>Generate possible solutions</u>		
4. <u>Evaluate the solutions</u>		
5. <u>Select the best solution</u>		
6. <u>Implement the solution</u>		
7. <u>Evaluate the results</u>		

SMR 5019R-X