

ASS. REC. BY:

REF: CS3/AIG20013782/Gtf3

Special Instruction:

Surveyor: GQASSIGNMENT (Office)From (Person): HOR YINRUL of AIG Date/Time: 14/12/2020 3:01 PM

Estimated Cost: _____ Bill to: _____

OD: ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SFG 1050R Insured: SFE 5766Tat Workshop m/s GARAGE 13 Tel: 63851171of 8 KAKI BUKIT AVE 4 #03-46 PREMIER

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/12/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement: _____

Date/Time: 14-12-20 3.23P.M Person Contacted: CANDY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate	
	SFG 1050R- NA/TMI20013747/h4	DOA :10/12/2020
	SFE 5766T- NA/TMI20013747/h4	DOA :10/12/2020