

ASS. REC. BY:

REF: CS/AIG21000040/Etd3

Special Instruction:

SURVADY

STEVE

ASSIGNMENT (Office)

Merimen

From (Person): CHIN LEE YING

AIG

Date/Time: 04/01/2021@11.47AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMQ 6242K

Insured:

To Inspect Vehicle No:

at Workshop no/s CYCLE & CARRIAGE AUTOMOTIVE

Tel: 6568 4501

at Workshop m/s

209 PANDAN GARDENS

Policy No:

Claim No:

Sum Insured:

Excess: TBA

Make of Veh:

D.O.A. 01/01/2021

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 12.33PM@04/01/21

Person Contacted: KEVIN

Vehicle **IN** OUT

DateTime

Action/Instruction (✓) Estimate

SMQ 6242K-X