

ASS. REC. BY:

REF: CS3/AIG21000725/Utf3

Special Instruction:

Surveyor: MARCUS ASSIGNMENT (Office)From (Person): Divyashni Subramaniam AIG Date/Time: 15/1/2021 10:00 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLX 82U Insured: EZ 7774Hat Workshop m/s Mask Spray Works Pte Ltd Tel: 82001185of 25 Kaki Bukit Road 4 #06-43 Synergy @ KB

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/11/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 15-01-2021 10.57A.M Person Contacted: YC Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLX 82U-NA/INC20012825/z4 DOA :20/11/2020
	EZ 7774H- CC4/AIG21000280/ga3 DOA :20/11/2020