

ASS. REC. BY:

REF: CS/AIG21000756/Etf3

Special Instruction:

Surveyor: STEVE

ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 15/1/2021 4:13 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMQ 8312D Insured: _____

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

of 209 PANDAN GARDEN

Policy No: 1900254192 Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13.01.2021
(Client's Record)

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

Date/Time: 15-01-21 4.23P.M Person Contacted: KEVIN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMQ 8312D- <input checked="" type="checkbox"/>