

Surveyor: STEVE ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 17/1/2021 9:15 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKV 9678P Insured: _____

at Workshop m/s CYCLE & CARRIAGE KIA Tel: 91865202

of 209 PANDAN GARDEN

Policy No: 1800122640 Claim No: 7145180679SG

Sum Insured: _____ Excess: 600

Make of Veh: _____ D.O.A. 14.01.2021
(Client's Record)

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

Date/Time: 18-01-21 9.51A.M Person Contacted: DON BONG Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>SKV 9678P-X</u>
<u>18/1/21</u>	<u>Seek mandate via merimen</u>
<u>18/1/21</u>	<u>Rece approved from Kok Chong via merimen</u>
<u>19/1/21</u>	<u>Informed Don C/A excess \$600 by email</u>
<u>3/2/21</u>	<u>Final fig \$3068 confirmed by email (Red 230, 7%)</u>