

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 17/1/2021 9:16 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMN 6008L Insured:

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

of 209 PANDAN GARDEN

Policy No:	1900150447	Claim No:	
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Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15.01.2021
(Client's Record)

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

Date/Time: 18-01-21 10.40A.M Person Contacted: DON BONG Vehicle: IN/OUT

[illegible]