

ASS. REC. BY:

REF: CS/AIG21001003/d3

Special Instruction:

SURVAYOR

Merimen

Merimen CHIN LEE YING
From (Person):

ASSIGNMENT (Office)

AIG.

Date/Time: 21/01/2021@11.38AM

Estimated Cost:

Bill to:

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

SMD 2779Z

Insured:

To Inspect Vehicle No:

at Workshop m/s CYCLE & CARRIAGE KIA

Tel: 6568 4501

209 PANDAN GARDENS

Policy No: 1800096051-02

Claim No:

Sum Insured:

Excess: TBA

D.O.A 19/01/2021

Make of Veh:

(Client's Record)

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

H.O.D. Endorsement:

Date Time: 11.51AM@21/01/21

Person Contacted: EDWIN

Vehicle IN/OUT

Date/Time

Action/Instruction (☒) Estimate

SMD 2779Z-X