

ASS. REC. BY:

REF: CS/AIG21001199/Ktf3

Special Instruction:

Surveyor: KENNETHASSIGNMENT (Office)From (Person): Divyashni Subramaniam of AIG Date/Time: 25/1/2021 5:43 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLP 3424P Insured: SLH 340Jat Workshop m/s LIAN HER MOTORS Tel: 91082728of BLK 5038 AMK INDUSTRIAL PARK 2 # 01-405

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 26-01-21 9.16A.M Person Contacted: ANTHONY Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLP 3424P- X
	SLH 340J- X