

ASS. REC. BY:

REF: CS/AIG21001417/Eqf3

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 29/1/2021 4:29 PM

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMH 4856A Insured: _____at Workshop m/s CYCLE & CARRIAGE KIA Tel: 91865200of 209 PANDAN GARDENPolicy No: 1900009630 Claim No: 7791276132SGSum Insured: _____ Excess: 300Make of Veh: _____ D.O.A. 08-01-21
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 29-01-21 4.51P.M Person Contacted: COCO Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	SMH 4856A- ☒