

ASS. REC. BY:

REF: CS3/AIG21001461/Gqf3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Divyashni Subramaniam of AIG Date/Time: 1/2/2021 9:39 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMU 875C Insured: SKL 6843B

at Workshop m/s HONG AUTO SERCISE Tel: 98535155

of 2 KAKI BUKIT AVE 2 #01-28

Policy No: 1900247833 Claim No: 7355924155SG

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: 1-2-21 10.19A.M Person Contacted: MS HONG Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMU 875C - <input checked="" type="checkbox"/>
	SKL 6843B - <input checked="" type="checkbox"/>