

ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 3/2/2021 4:48 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMT 2410C Insured: _____

at Workshop m/s CYCLE & CARRIAGE KIA Tel: 91819978

of 209 PANDAN GARDEN

Policy No: 2070060616	Claim No:
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Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03-02-2021
(Client's Record)

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

H.O.D. Endorsement: _____

Date/Time: 03-02-21 4.54P.M Person Contacted: EDWIN Vehicle: IN OUT

Date/Time	Action/Instruction (✓)	Estimate
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SMT 2410C - X