

Special Instruction:

Summary: STEVE

ASSIGNMENT (Office)

Merimen

erimen CHIN LEE YING
From (Person):

AIG

Date/Time: 08/02/2021@4.01PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMJ 5395X

Insured:

To Inspect Vehicle No: SMJ 5395X
at Workshop m/s CYCLE & CARRIAGE KIA

Tel: 6568 4501

at Workshop no/s _____
of _____
CYCLE & CARRIAGE KIA
209 PANDAN GARDENS

Policy No: 1900017500

Claim No: 3440858182SG

Sum Insured:

Excess: 0/-

D.O.A 06/02/2021

Make of Veh:
(Client's Record

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

H.O.D. Endorsement:

Date/Time: 4.16PM@08/02/21

Person Contacted: EDWIN

Vehicle IN OUT

Date Time

Action/Instruction (✓)	Estimate
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SMJ 5395X-X