

ASS. REC. BY:

REF: CS/AIG21002633/Eq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): CHIN LEE YING of AIG Date/Time: 25/02/2021

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SGB 3377A Insured: _____at Workshop m/s C&C Tel: _____of 209 Pandan GardensPolicy No: 1900102299 Claim No: 2909745340SGSum Insured: _____ Excess: 0/-Make of Veh: _____ D.O.A. 23/02/2021

(Client's Record)

CA / ☒ REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: _____ Person Contacted: Melvin ☒ Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>SGB 3377A-X</u>