

ASS. REC. BY:

REF: CS/AIG21002645/Ev

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

Merimen

From (Person): CHIN LEE YING of AIG Date/Time: 26/02/2021

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJL 4519M Insured: \_\_\_\_\_

at Workshop m/s CYCEL & CARRIAGE KIA Tel: \_\_\_\_\_

of 209 Pandan Gardens

Policy No: 1800069376 Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 25/02/2021

(Client's Record)

CA /  REV / REP. / REV 24 HRS H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: DON Vehicle  IN /  OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	SJL 4519M-X