

ASS. REC. BY:

REF: CS/AIG21002888/T1qf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 3/3/2021 3:30 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SBS 6786C Insured: SMP 1801K

at Workshop m/s SBST WORKSHOP Tel: 6244 4514 / 6244 4517 (9766 0306)

of Bedok Nort Depot 1470 Bedok North Ave 4

Policy No: _____ Claim No: 1777985441SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/03/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 03-03-21 3.43P.M Person Contacted: RAJESH Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SBS 6786C - <input checked="" type="checkbox"/>
	SMP 1801K - <input checked="" type="checkbox"/>