

Special Instruction:

Surveyor: STEVE ASSIGNMENT (Office)

From (Person): CHIN LEE YING of AIG Date/Time: 10/3/2021 5:04 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SMF 7496X	Insured:
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at Workshop m/s Cycle & Carriage KIA Tel: 91865200

of 209 PANDAN GARDEN

Policy No: 1800139117 Claim No: 5194474784SG

Sum Insured: _____ Excess: 300

Make of Veh: _____ D.O.A. 10-03-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 10-3-21 5:316P.M Person Contacted: COCO Vehicle ☒ IN ☐ OUT

[illegible]