22/03/2002

ASS. REC. BY: | REF: CI/AIG22011964/Nq | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): PRISCILLA SIM of AIG Date/Time: 22/11/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJF 838A Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: 4631152650SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/11/2022
(Client's Record)

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

Date/Time: _____ Person Contacted: _____ Vehicle ~~IN / OUT~~

Date/Time	Action/Instruction ( ) Estimate	
		$500/-