

ASS. REC. BY:

REF: CI/AIG23003015/Pf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): PRISCILLA SIM LK of AIG Date/Time: 03/03/2023

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YQ 3730X Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: OC 3285679052SG

Sum Insured: Excess:

Make of Veh: D.O.A.
(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/- |
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