22/03/2002

ASS. REC. BY: | REF: CS/IT1701987/Tlb. | Special Instruction:

Surveyor : **ASSIGNMENT (Office)**

From (Person): Sundari of IT Date/Time: 16/10/2017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SCN 8636D Insured: SHH 4563R

at Workshop m/s Tel:

of

Policy No: Claim No: MCT170909444/01/sn.

Sum Insured: Excess:

Make of Veh: D.O.A. 26/9/2017
(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.
	Cancel Reference. Refer to NA/MSG17021503/Z4 Celine 5/6/2020.