ASS. REC. BY: | REF: C1/APF1801287B/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): of Date/Time: 16/7/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: Fencing Insured:

at Workshop m/s Tel:

of

Policy No: Claim No:

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
11/10	Bryan said temporary close the file. Close 11/10/19