ASS. REC. BY: | REF: CI/TP18013821/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): _____ of Rally Bitstop Date/Time: 23/7/2018

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WBAGF1206OD992SHR Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WBAGF1206OD992SHR

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
	350/-