ASS. REC. BY: | REF: CI/TP18013823/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

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

Estimated Cost: Bill to:

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

To Inspect Vehicle No: TRUZZZFVGH1007874 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: TRUZZZFVGH1007874

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/-