ASS. REC. BY: Surveyor | REF: CI/TP18014298/DC | Special Instruction:

ASSIGNMENT (Office)

From (Person): _____ of Lucent Motor Date/Time: 27/7/2018

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WDC25394J2JF283560 Insured: _____

at Workshop m/s _____ Tel: _____

of _____ Claim No: WDC25394J2JF283560

Policy No: _____ Excess: _____

Sum Insured: _____ D.O.A. _____

Make of Veh: _____ H.O.D. Endorsement: _____
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	$350