

3303/001

ASS. REC. BY:

REF: C1 TP18014299.Dc

Special Instruction:

Surveyor:

**ASSIGNMENT (Office)**

From (Person):

of Esprit Motor

Date/Time: 23/7/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: B1GASH04030

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No: B1GASH04030

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