ASS. REC. BY: | REF: QTP1801H306/DC | Special Instruction:

**ASSIGNMENT (Office)**

Surveyor: _____

From (Person): _____ of Esprit Motor Date/Time: 22/7/2018

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: BIGA6300358 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: BIGA6300358

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 |