

12/01/2012

ASS. REC. BY:

REF:

C1/TP18015177/DC

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

of

Rally Bishop

Date/Time:

17/8/2012

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: WDD1173512N428839

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

WDD1173512N428839

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