ASS. REC. BY: | REF: CI/TP/18018273/Dx | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): _____ of Rally Pitstop Date/Time: 28/9/2018

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WBA4D32050G754701 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WBA4D32050G754701

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