ASS. REC. BY: REF: a/TP190011 22/Dc Special Instruction:

Surveyor

**ASSIGNMENT (Office)**

From (Person): of Rally Pitstop Date/Time: 14/1/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WDD2050422F329312 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: WDD2050422F329312

Sum Insured: Excess:

Make of Veh: D.O.A.
(Client's Record)

CA / REV / REP. / REV 24 HRS R.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN/OUT

| Date/Time | Action/Instruction ( ) Estimate |
|---|---|
| | |
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