

ASS. REC. BY:

REF:

REF: C1/TP19006069/DC

Special Instruction

Surveyor

ASSIGNMENT (Office)

From (Person):

Anthony 93368442 of

United Motors

Date/Time:

28/3/2019

Estimated Cost:

Bill to:

$$OD/TP+WS+TP\ RES / OD\ RES / EVA / INV / MV / CS$$

To inspect Vehicle No: 93E34H

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No. _____

SIF 34H

Sum Insured:

Excess:

Make of Ych:

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
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STE34H-X