Signature:
ASS. REC. BY: REF: CI/TP19008680/Dc Special Instruction:

Surveyor: **ASSIGNMENT (Office)**

From (Person): of Rally Pitstop Date/Time: 13/5/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: DBA7A820XOG243729 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: DBA7A820XOG243729

Sum Insured: Excess:

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

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

Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction ( ) Estimate