ASS. REC. BY: | REF: CI/TP19011026/Dc | Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

From (Person): of Performance MV Date/Time: 11/6/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SDK 3633Z Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: SDK 3633Z

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
	$350/-