ASS. REC. BY: | REF: CI/TP/9013841/DC | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): of Polly Peterson Date/Time: 5/8/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WDC156947JJ506905 Insured:

At Workshop m/s Tel:

of

Policy No: Claim No: WDC156947JJ506905

Sum Insured: Excess:

Make of Veh: D.O.A.

(Client's Report)

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

Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction ( ) Estimate
	£350