

12/01/00

ASS. REC. BY:

REF: C/TP19015538/D

Special Instruction:

SURVIVOR:

ASSIGNMENT (Office)

From (Person): Albert 9101 6995

of Aspec. Auto

Date/Time: 2/9/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: WDD2050422R039528

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No: WDD2050422R039528

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate

\$350/-