ASS. REC. BY: | REP: C/TP19017233/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Anthony 9336 8442 of _____ Date/Time: 20/9/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMP 2707T Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: SMP 2707T

Sum Insured: _____ Excess: _____

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

CA / REV / REP. / REV 24 HRS R.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SMP 2707T-X