

ASS. REC. BY:

REF:

01/19/01/235/De

Special Instructions:

SUNV#

ASSIGNMENT (Office)

From (Person): Anthony 93368445 of

Date/Time: 25/9/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKB67RD

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

SKB67RD

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
	SKB67RD-X	