ASS. REC. BY: Surveyor | REF: CI/TP1902035J/DC | Special Instruction:

ASSIGNMENT (Office)

From (Person): _____ of Rally Pitstop Date/Time: 4/4/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WDC1660642B152614 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WDC1660642B152614

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____

(Client's Award)

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

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

Date/Time	Action/Instruction ( ) Estimate