ASS. REC. BY: | REF: C/TP1902035H/Dc | Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

From (Person): _____ of Rolly Bishop Date/Time: 4/11/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: ZAMS85TC0011896G1 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: ZAMS85TC0011896G1

Sum Insured: _____ Excess: _____

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

(Client's Record)

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

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

Date/Time	Action/Instruction ( ) Estimate