ASS. REC. BY: | REF: C/TP190208991D | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Gary 96185167 of Date/Time: 25/4/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMA 1533M Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: SMA 1533M

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
	$1000