

11012001

ASS. REC. BY:

REF:

C1/TP19020900/Dq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Anthony 9336 8442 of Antec Clinic Car Warranty & Leasing PL

Date/Time:

13/11/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

B16A5421769

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

B16A5421769

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

£350