

ASS. REC. BY:

REF: (S3/MSG 19019803/EF3-1) Special Instruction:

SW/ve/01

ASSIGNMENT (Office)

m/w/m

From (Person): From / Following noof MSGDate/Time: 17/04/2020 12:10 PM

Estimated Cost:

Bill to:

OD/TP/MS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FU 4909M

Insured:

SLV 4909A

at Workshop n/s

B/KO max max

Tel:

6909 3770 / 0762 9998

of 10 kati bars road 2 #01-06Policy No: 2011 2612

Claim No:

611389

Sum Insured:

Excess:

Make of Veh:

D.O.A. 31.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 8.11.19

10.00am

Person Contacted:

Sam

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

FU 4909M - X

SLV 4909A - X

Disassemble: 8/11/2019After repair: 11/11/2019