

Special instruction:

4/Sum: \$4150.00

Surveyor:

Workshop: Am motorwerkz PLEUT

Insured: SMC 9743K

Tel:

Claim No: S9mp23TW

Excess:

D.O.A. 29.8.2019

H.O.D. Endorsement/Date: _____

Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date: _____

6) Date/Time File Return to