

ASS. REC. BY:

REF: CI/TP20006756/Dq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): RALLY PITSTOP

of

Date/Time: 28/06/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FK81201912

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

FK81201912

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
------------------------	----------

Estimate

350/-