

ASS. REC. BY:

REF: CI/TP20011896/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): ST Powered PL of \_\_\_\_\_ Date/Time: 28/10/2020

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No:	WBA5R12030FH17424	Insured:
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at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: WBA5R12030FH17424

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
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[illegible][illegible][illegible]

\_\_\_\_\_ \$250/

	\$350/-
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\_\_\_\_\_

\$350/-