

ASS. REC. BY:

REF: CI/TP20013150/Dq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Global Carz of USA Date/Time: 25/11/2020

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

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

|                        |                   |          |
|------------------------|-------------------|----------|
| To Inspect Vehicle No: | WDD2050832R529975 | Insured: |
|------------------------|-------------------|----------|

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: WDD2050832R529975

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 |
|-----------|---------------------------------|
|-----------|---------------------------------|

| Date/Time | Action/Instruction ( ) Estimate |
|-----------|---------------------------------|
|           |                                 |
|           |                                 |
|           |                                 |
|           |                                 |
|           |                                 |
|           | \$350/-                         |
|           |                                 |
|           |                                 |

\$350/-