

ASS. REC. BY:

REF: CI/TP20014159/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): ST Powered PL of ST Date/Time: 07/12/2020

Estimated Cost: _____	Bill to: _____
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OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: WBAJK52040BN95946 Insured: _____

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: WBAJK52040BN95946

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]

\$350/-
