22/03/2002

ASS. REC. BY: | REF: CI/TP21000539/Dq | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): ST Powered PL of _____ Date/Time: 04/01/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WDD2383482F102522 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WDD2383482F102522

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
	$350/-