

ASS. REC. BY:

REF: CI/TP21001119/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): ST Powered PL of                      Date/Time: 15/01/2021

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

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

To Inspect Vehicle No:	WMWXR520702L71138	Insured:	
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at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: WMWXR520702L71138

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

\$350/-