

ASS. REC. BY:

REF: CI/TP21001929/Dq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Global Carz of Date/Time: 26/01/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WBA4H72070BK36324 Insured: _____

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: **WBA4H72070BK36324**

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
-----------	---------------------------------

[illegible][illegible][illegible]

\$350/-

Number of people	Time taken (minutes)
1	100
2	50
3	33.33
4	25
5	20
6	16.67
7	14.29
8	12.5
9	11.11
10	10