

ASS. REC. BY:

REF: CI/TP21004962/Dq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Global Carz

of

Date/Time: 15/04/2021

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: WDD2050642R475302

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

WDD2050642R475302

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
1. <u>Identify the problem</u>	
2. <u>Identify the data</u>	
3. <u>Identify the variables</u>	
4. <u>Identify the constraints</u>	
5. <u>Identify the objectives</u>	
6. <u>Identify the assumptions</u>	
7. <u>Identify the risks</u>	
8. <u>Identify the stakeholders</u>	
9. <u>Identify the resources</u>	
10. <u>Identify the timeline</u>	
11. <u>Identify the budget</u>	
12. <u>Identify the communication plan</u>	
13. <u>Identify the monitoring and evaluation plan</u>	
14. <u>Identify the reporting plan</u>	
15. <u>Identify the exit strategy</u>	

Email invoice to ck.globalcarz@gmail.com

\$350/-