

ASS. REC. BY:

REF: CI/TP21005767/Dq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Mr Bakhit 9071 3394 of Date/Time: 07/05/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	1AZ3121238	Insured:
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at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: 1AZ3121238

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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contact owner at Mr Bakhit 9071 3394

\$350/-