

ASS. REC. BY:

REF: CI/TP21006248/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Miss Miko of Regent Express PL Date/Time: 21/05/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: JN1GANR35U0400182 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: JN1GANR35U0400182

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
	Customer email address sales@regent.express
	\$350/-