urveyor :		110:	ASSIGNMEN	NT (Office)		
From (Person)	COMLAV	V LLC	of L	AW	Date/Time:	13/04/2021
	st			Bill to:		21
OD/TP/WS	STTP RES / OD	RES/EVA	INV / MV /-CS	3		
	hicle No:				Insured:	
at Workshop r	m/s				Tel:	
of						
Policy No:				Claim No:	DV.2020.22	1290.AXA
Sum Insured:				Excess:		
				221111111		
Make of Veh: (Client's Record				-	D.O.A	
(Client's Record				-	D.O.A	
(Client's Record	d) / REP. / REV	24 HRS	3	0	D.O.A	orsement:
(Client's Record	/ REP. / REV	24 HRS Pers	3		D.O.A H.O.D. End	orsement:
(Client's Record CA / REV Date/Time:	/ REP. / REV  Action/Instruc	24 HRS Pers	son Contacted:_ ) Estimate		D.O.A H.O.D. End	OUT = \$500/-
(Client's Record CA / REV Date/Time:	Action/Instruc Investiga Pre-trial o	24 HRS Persection ( tion report	Son Contacted:	2021 (3hrs x 2021 (2hrs x	D.O.A	orsement:  OUT  = \$500/- = \$600/- = \$400/-
(Client's Record CA / REV Date/Time:	Action/Instruc Investiga Pre-trial o	24 HRS Persection ( tion report	Son Contacted:	2021 (3hrs x	D.O.A	orsement: OUT = \$500/- = \$600/-
(Client's Record CA / REV Date/Time:	Action/Instruc Investiga Pre-trial o	24 HRS Persection ( tion report	Son Contacted:	2021 (3hrs x 2021 (2hrs x	D.O.A	orsement:  OUT  = \$500/- = \$600/- = \$400/-