

ASS. REC. BY:

REF: CS/TP21007292/Cc

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Jen Marie of \_\_\_\_\_ Date/Time: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: AXUH800023566 Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: AXUH800023566

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. \_\_\_\_\_  
(Client's Record)

CA / REV / REP. / REV 24 HRS

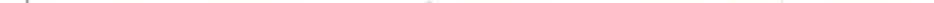
H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN/OUT \_\_\_\_\_

| Date/Time | Action/Instruction ( ) Estimate |
|-----------|---------------------------------|
|-----------|---------------------------------|

[illegible][illegible]

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0751

\$75/-

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