

ASS. REC. BY:

REF: CS5/TP21007396/Cc

Special Instruction:

SURVIVOR

ASSIGNMENT (Office)

From (Person): _____ of Venture Cars Date/Time: 29.06.2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: AXUH800024830 Insured: _____

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: AXUH800024830

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 _____

[illegible]