ASS. REC. BY: | REF: CS5/TP21007399/Cc | Special Instruction:

Surveyor:

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: AXUH800024976 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: AXUH800024976

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