

ASS. REC. BY:

REF: CI/TP21008872/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): ST Powered of \_\_\_\_\_ Date/Time: 16/08/2021

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

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: AGH309003695 Insured: \_\_\_\_\_

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

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: AGH309003695

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 tar6985@hotmail.com and stpmotoring@gmail.com

\$350/-