	\$17		500	W W	
SS. REC. BY: REF: CI/TP21009		TP21009651/Dq	Special Instruction	Special Instruction:	
Surveyor ASSIGNMI		SIGNMENT (Office)		1	
	ry of	9637 3533	Date/Time:	06/09/2021	
Estimated Cost:		Bill to:		31	
OD/TP/WS/TP RE	S / OD RES / EVA / IN	V/MV/CS			
To Inspect Vehicle No:	WBAGV220	30BP82840	Insured:		
at Workshop m/s			Tel:		
of					
Policy No:		Claim No:	WBAGV22	2030BP82840	
Sum Insured:		Excess:			
			D.O.A	# <u>.</u>	
CA / REV / REP. /	REV 24 HRS		H.O.D. En	dorsement:	
Date/Time;	Person (Contacted:	Vehicle IN	LOUT	
Date/Time Action/	Instruction ()	Estimate.			
			45		
			-		
			1		
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			¢	350/-	
-	<u> </u>		Ψ	550/ -	