

ASS. REC. BY:

REF: CI/TP21009902/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Armstrong Auto PL of _____ Date/Time: 30/08/2021

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: WDD1770512J138968 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WDD1770512J138968

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

Contact email: rppm2006@hotmail.com and armstrongauto188@gmail.com

\$350/-