22/03/2002

ASS. REC. BY: | REF: CI/TP21010669/Dq | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Mr Muhammad Shuqri 9694 5100 of Date/Time: 04/10/2021

Estimated Cost: Bill to:

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

To Inspect Vehicle No: R18A1715039 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: R18A1715039

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 customer Mr Muhammad Shuqri 9694 5100
	$350/-