

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
1. <u>Identify the problem</u>	
2. <u>Define the problem</u>	
3. <u>Generate hypotheses</u>	
4. <u>Test hypotheses</u>	
5. <u>Evaluate results</u>	
6. <u>Draw conclusions</u>	
7. <u>Communicate findings</u>	
8. <u>Implement solutions</u>	
9. <u>Evaluate outcomes</u>	
10. <u>Reflect on the process</u>	

Contact customer Mr Muhammad Shuqri 9694 5100

\$350/-