

ASS. REC. BY:

REF: CI/TP21010906/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): ST Powered of _____ Date/Time: 01/10/2021

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SCFRLFCW4KGM08224 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: SCFRLFCW4KGM08224

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/-