ASS. REC. BY: | REF: CS5/TP21011371/Cq | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): _____ of Venture Cars Date/Time: 08/11/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GR11103650 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: GR11103650

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