

ASS. REC. BY:

REF: CI/III21011507/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): \_\_\_\_\_ of III Date/Time: 08/11/2021

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SGV 8188R Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: GYP8AP7DHU

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 08/11/2021  
(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
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[illegible][illegible]

\$350/-

\_\_\_\_\_

\$350/-