ASS. REC. BY:		REF:	CS5/TP210	012087/Cq	Special Instruction:	
urvajor :		A	SSIGNMEN	T (Office)		/
From (Person)	1	of	Ventur	e Cars	Date/Time:	29/11/2021
				Bill to:		31
OD/TP/WS	TP RES / OI	RES / EVA /		1496/41800		
To Inspect Ve	hicle No:	MXPB10	3014026	i	Insured:	
at Workshop n	120				Tel:	ie
of						
Policy No:				Claim No:	MXPB10	03014026
Sum Insured:				Excess:		
Make of Veh: (Client's Record						=======================================
CL I DEV	REP. / REV	24 HRS			H.O.D. End	orsement:
Date/Time:			n Contacted:		Vehicle IN/	OUT
		Perso				
Date/Time:		Perso	n Contacted:			OUT
Date/Time:		Perso				
Date/Time:		Perso				
Date/Time:		Perso				
Date/Time:		Perso				
Date/Time:		Perso				