

ASS. REC. BY:

REF: CS5/TP21012857/Cq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): \_\_\_\_\_ of \_\_\_\_\_ Date/Time: 20/12/2021

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

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

|                        |            |          |
|------------------------|------------|----------|
| To Inspect Vehicle No: | GR11105239 | Insured: |
|------------------------|------------|----------|

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

Policy No: \_\_\_\_\_ Claim No: GR11105239

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

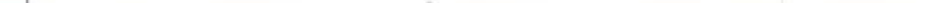
Make of Veh: \_\_\_\_\_ D.O.A. \_\_\_\_\_  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN/OUT \_\_\_\_\_

| Date/Time | Action/Instruction ( ) Estimate |
|-----------|---------------------------------|
|-----------|---------------------------------|

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