

ASS. REC. BY:

REF: CI/III22002331/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Sherini of III Date/Time: 08/03/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SNC 6872D Insured: _____

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: SNC 6872D

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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[illegible][illegible][illegible]

Year	Actual (%)	Projected (%)
1950	7	7
1960	8	8
1970	9	9
1980	12	12
1990	13	13
2000	14	14
2010	15	15
2020	16	16
2030	17	17
2040	18	18
2050	18	18

	\$200/-
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