ASSIGNMENT From: Date: PRO ASSIGNMENT Vith No. SLC 4797 Vit Regn. 26/9/17 Typex/files Mayorle / Blas / Viet Part	ASS. REC. BY: STOLE REF: (S3/A	SM11 annow Karb
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Tipoed (See Market Vehicle No: at Workshop m's of insured: Policy No. Colour White AC: Insured See	Oate:	_ Veh No: SLS 4/97R Yr Regn: 26/9/17
To Inspect Vehicle No: at Workshop m's of of Insured:		Type: M.Car M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
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Specific	Name of the last o	Make: Mercedes-Benz A180 c.c 1597
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Stum Insured: Excess: (Client's Record) Make of Veh: (Poticy Condition) Remark: The veh had commenced its repair at the time of Inspection. Sal. or Market Value: (DAC Accident Rport: Consistent?: Yes or No GLA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Vehicle: IN/OUT Date: Person Contacted; Date / Time Action / Instruction Date /		
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