22/03/2002

ASS. REC. BY: | REF: CI/TP22002752/Dq | Special Instruction:

Surveyor

**ASSIGNMENT (Office)**

From (Person): Mr John at 9686 6811 of Date/Time: 17/03/2022

Estimated Cost: Bill to:

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

To Inspect Vehicle No: 2AZB143526 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: 2AZB143526

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 |
|---|---|
| | |
| | |
| | |
| | |
| | $400/- |
| | |