22/03/2002

ASS. REC. BY: | REF: CI/TP22004095/Dq | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Henry 9637 3533 of Date/Time: 21/04/2022

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WP1ZZZ95ZKLB09550 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: WP1ZZZ95ZKLB09550

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
	Email: honghinmotorworks@gmail.com
	$400/-