

ASS. REC. BY:

REF: CI/TP22005295/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): PROVIDENCE AUTOMOBILE

of

Date/Time: 30/05/2022

Estimated Cost:

Bill to:

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: WUAZZZF21LN901267

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

WUAZZZF21LN901267

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

Customer email address providenceautomobile@hotmail.com

\$400/-