

ASS. REC. BY:

REF: CI/TP22005296/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: WBAGV22050CG16963

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

WBAGV22050CG16963

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/-