ASS. REC. BY: REF: CI/TP22007012/Dq Special Instruction: ASSIGNMENT (Office) From (Person): GC of Date/Time: 18/07/2022 Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS To Inspect Vehicle No: AGH309013543 Insured: at Workshop m/s of Policy No: Claim No: AGH309013543 Sum Insured: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS Date/Time: Person Contacted: Vehicle IN / OUT Date/Time Action/Instruction () Estimate						25 90
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