

ASS. REC. BY:

REF: CI/CTI22008901/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): _____ of CTI Date/Time: 07/07/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKC 3537C Insured: _____

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: SNM22D204348

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/06/2022
(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
-----------	---------------------------------

[illegible][illegible][illegible]

_____ \$100%

	\$400/-
--	---------
