

ASS. REC. BY:

REF: CI/TP22010943/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): 183 CAPITAL of \_\_\_\_\_ Date/Time: 10/10/2022

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: WP0ZZZY1ZMSA28493 Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: WP0ZZZY1ZMSA28493

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
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Date/Time	Action/Instruction ( ) Estimate
	\$400/-

\$400/-