22/03/2002

ASS. REC. BY: | REF: CI/TP22012170/Dq | Special Instruction:

Surveyor : _____

ASSIGNMENT (Office)

07/11/2022

From (Person): _____ of _____ Date/Time: _____

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: WBSJF02090CD23506 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: WBSJF02090CD23506

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 tktanaloy@gmail.com and stefan.globalcarz@gmail.com

$400/-