22/03/2002

ASS. REC. BY: | REF: CI/TP22012275/Dq | Special Instruction:

Surveyor

ASSIGNMENT (Office)

07/11/2022

From (Person): Nicholas 8255 5445 of _____ Date/Time: _____

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: EG 4994J Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: EG 4994J

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 kohsihao4994@gmail.com
	$400-/