22/03/2002

ASS. REC. BY: | REF: CI/SPF22012696/Pf2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): ANANTHKUMAR BALASUBRAMANIAM of _____ Date/Time: 31/10/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: PA 8968K Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: PO6000117102 Claim No: L/20220803/0068

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
	$700/-