

ASS. REC. BY: _____

REF: CI/TP23000633/Df2

Special Instruction: _____

Surveyor: _____

ASSIGNMENT (Office)

05/01/2023

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

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: **WBA12AU090CJ47248** Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: **WBA12AU090CJ47248**

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 address tar6985@hotmail.com and stpmotoring@gmail.com

\$400/-