

ASS. REC. BY:

REF: CI/TP23003404/Df2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): \_\_\_\_\_ of \_\_\_\_\_ Date/Time: 24/03/2023

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

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

To Inspect Vehicle No: WP0ZZZ99ZNS262122 Insured: \_\_\_\_\_

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

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: WP0ZZZ99ZNS262122

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/-