

ASS. REC. BY:

REF: CI/TP23003909/Df2

Special Instruction:

Surveyor: \_\_\_\_\_ ASSIGNMENT (Office)

From (Person): \_\_\_\_\_ of \_\_\_\_\_ Date/Time: 06/04/2023

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

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

To Inspect Vehicle No: W1K2130612B072962 Insured: \_\_\_\_\_

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

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: W1K2130612B072962

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/-