

ASS. REC. BY:

REF:

CI/III23004317/Pf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): PRIYADARSHINI of \_\_\_\_\_ Date/Time: 22/03/2023

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

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: SDN 93K Insured: \_\_\_\_\_

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

of \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: SDN 93K

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
	\$200/-