

ASS. REC. BY:

REF: CI/III23004320/Pf2

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: 17/02/2023

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SMY 6787M	Insured:
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at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: 4Dbme0PGhj

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/-