

ASS. REC. BY:

REF: CI/TP23007689/Df2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): _____ of _____ Date/Time: 11/07/2023

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SCFSLGBW9NGP06278 Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: SCFSLGBW9NGP06278

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/-