22/03/2002

ASS. REC. BY: | REF: Q/TPD 18004126/2n | Special Instruction:

ASSIGNMENT (Office)

From (Person): Norashikin Daud of SPF Date/Time: 21/2/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKA 2010Y Insured:

at Workshop m/s Tel:

of

Policy No: HOMSPFEP018302796 Claim No: TP/IP/09681/2018

Sum Insured: Excess:

Make of Veh: D.O.A. 11/2/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle **IN / OUT**

Date/Time	Action/Instruction
	SKA 2010Y - X
	530/-
	~~5001~~
	ENTERED 06 MAR 2018