ASS. REC. BY: | REF: CI/TPD1900430A/P2 | Special Instruction:

SURVEY BY:

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of SPF Date/Time: 20/2/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBE 8770 H Insured:

at Workshop m/s: Tel:

of

Policy No: MHASPF0600001405I Claim No: TP/IP/59903/2018

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 20/12/2018

CA / REV / REP. / REV 24 HRS

Date/Time: Person Contacted: R.O.D. Endorsement:

Vehicle: **IN / OUT**

Date/Time	Action/Instruction ( ) Estimate
	FBE 8770 H - X.

350/-