ASS. REC. BY: | REP: CI/TPD2000/1852/NQ | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of SPF Date/Time: 3/2/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: JSJ 1562 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: TP/IP/72053/2019

Sum Insured: Excess:

Make of Veh: D.O.A 20/11/19

(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