ASS. REC. BY: | REF: CMP02000185 4/Nq | Special Instruction:

SURVEYOR ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of SPF Date/Time: 03/02/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBA 4951A Insured:

at Workshop m/s : Tel:

of

Policy No: Claim No: TP/IP/80491/2019

Sum Insured: Excess:

Make of Veh: D.O.A 31/12/2019
(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