22/03/2002

ASS. REC. BY: | REF: CI/TPD20001857/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: FL 9170Z Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000032182/1 Claim No: TP/IP/04631/2020

Sum Insured: Excess:

Make of Veh: D.O.A. 24/01/2020
(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
	$450.00