22/03/2002

ASS. REC. BY: | REF: CI/TPD20003590/Nq | Special Instruction:

Surveyor :

**ASSIGNMENT (Office)**

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

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLT 2761B Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000030659/1 Claim No: TP/IP/79475/2019

Sum Insured: Excess:

Make of Veh: D.O.A. 29/12/2019
(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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | $500/- |