ASS. REC. BY: | REF: CI/TPD20004714/Nc | Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

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

Estimated Cost: Bill to:

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

To Inspect Vehicle No: Bicycle Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000030659/1 Claim No: TP/IP/69677/2019

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 10/11/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	$450/-