

Surveyor : _____ **ASSIGNMENT (Office)**

From (Person): **Kamaliah Kamis** of **TPD** Date/Time: **02/04/2020**

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: **GX 4845T** Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: **MHASPF06000036525/1** Claim No: **TP/IP/10241/2020**

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. **22/02/2020**
(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
	\$500/-