22/03/2002

ASS. REC. BY: | REF: CI/TPD20004873/Pq | Special Instruction:

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: SHF 74K Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000036525/1 Claim No: TP/IP/08817/2020

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/02/2020
(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/- |
| | |