

ASS. REC. BY:

REF: CI/TPD20004879/Pq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

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

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SKA 7832J	Insured:
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at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: TP/IP/12635/2020

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/03/2020
(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
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[illegible][illegible][illegible]

\$500.00

		\$500.00
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Year	Number of people (millions)
1970	60
1975	65
1980	75
1985	80
1990	85
1995	90
2000	95
2005	105
2010	115