

ASS. REC. BY:

REF: CI/TPD20005977/Nq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 28/04/2020

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

|                        |          |          |
|------------------------|----------|----------|
| To Inspect Vehicle No: | FZ 4415C | Insured: |
|------------------------|----------|----------|

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: MHASPF06000036912/1 Claim No: TP/IP/19835/2020

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 16/04/2020  
(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 |
|-----------|---------------------------------|
|-----------|---------------------------------|

[illegible][illegible]

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\$450/-

\_\_\_\_\_