

ASS. REC. BY:

REF: CI/TPD20005978/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: FBL 7635K Insured:

at Workshop m/s _____ Tel: _____

Policy No:	MHASPF06000036912/1	Claim No:	TP/IP/79475/2019
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Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/12/2019
(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.
	\$450/-