22/03/2002

ASS. REC. BY: | REF: CI/TPD20005983/Nq | Special Instruction:

Surveyor

**ASSIGNMENT (Office)**

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

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WB 3584Y Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000036912/1 Claim No: TP/IP/21061/2020

Sum Insured: Excess:

Make of Veh: D.O.A. 25/04/2020
(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 |
|---|---|
| | |
| | |
| | |
| | |
| | $450.00 |
| | |