22/03/2002

ASS. REC. BY: | REF: CI/TPD20007961/Nq | Special Instruction:

Surveyor:

**ASSIGNMENT (Office)**

From (Person): Kamaliah Kamis of TPD Date/Time: 10/06/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBG 2618U Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000040005/1 Claim No: TP/IP/24273/2020

Sum Insured: Excess:

Make of Veh: D.O.A. 31/05/2020
(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/- |
| | | |