

ASS. REC. BY:

REF: CI/TPD20011427/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis

of TPD

Date/Time: 21/10/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMQ 5162P

Insured:

at Workshop m/s

Tel:

of

Policy No: MHASPF06000051938

Claim No:

TP/IP/43931/2020

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07/10/2020

(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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Estimate

\$500/-