

ASS. REC. BY:

REF: CI/TPD21003523/Nq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 25/02/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBD 7379S Insured:

at Workshop m/s _____ Tel: _____

Policy No: MHASPF06000064017/1 Claim No: TP/IP/07109/2020

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08/02/21
(Client's Record)

CA / REV / REP. / REV 24 HRS

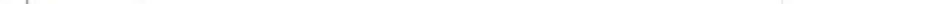
H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT _____

Date/Time	Action/Instruction () Estimate
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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[illegible]



\$450/-
