

ASS. REC. BY:

REF: CI/TPD21003844/Pq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 25/03/2021

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SHC 3540C Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

of \_\_\_\_\_

Policy No: MHASPF06000065071/1 Claim No: TP/IP/12963/2021

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 12/03/2021  
(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	
		\$500/-