

ASS. REC. BY:

REF: CI/TPD21003854/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: | SG 1849A | Insured: |
|------------------------|----------|----------|

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

Policy No: MHASPF06000065071/1 Claim No: TP/IP/09011/2021

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

Make of Veh: \_\_\_\_\_ D.O.A. 20/02/2021  
(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. |
|-----------|----------------------------------|
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |
|           | \$700/-                          |
|           |                                  |