

ASS. REC. BY:

REF: CI/TPD21004899/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 19/04/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SMK 6091K	Insured:
------------------------	-----------	----------

at Workshop m/s _____ Tel: _____

Policy No: MHASPF06000066906/ 1 Claim No: TP/IP/13053/2021

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/03/2021
(Client's Record)

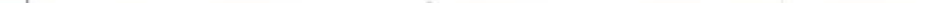
CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

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

Date/Time	Action/Instruction () Estimate
-----------	---------------------------------

[illegible][illegible]



	\$500/-
--	---------
