

ASS. REC. BY:

REF: CI/TPD21007789/Pq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 19/07/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SBS 6403H Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000075315/ 1 Claim No: TP/IP/33077/2021

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/07/2021
(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][illegible]

Number of people in household	Number of cars
1	0
2	1
3	2
4	2
5	2
6	2
7	2
8	2
9	2
10	2

\$700/-

Year	Number of people (millions)
1970	60
1975	68
1980	75
1985	82
1990	90
1995	98
2000	105
2005	112
2010	115