

ASS. REC. BY:

REF: CI/TPD21008636/Nq

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: | FY 6115K | Insured: |
|------------------------|----------|----------|

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

Policy No: MHASPF06000075315/ 1 Claim No: TP/IP/14569/2021

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

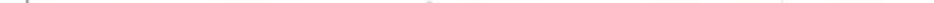
Make of Veh: \_\_\_\_\_ D.O.A. 22/03/2021  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN/OUT \_\_\_\_\_

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

[illegible][illegible]

\$150/

\$450/-

\_\_\_\_\_