

ASS. REC. BY:

REF: CI/TPD21000026/Nq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 22/09/2021

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

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

To Inspect Vehicle No: AY 6262C Insured: \_\_\_\_\_

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

Policy No: MHASPF06000083648 / 1      Claim No: TP/IP/31475/2021

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

Make of Veh: \_\_\_\_\_ D.O.A. 04/07/2021  
(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
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[illegible][illegible][illegible]

\$150/

	\$450/-
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