

ASS. REC. BY:

REF: CI/TPD22002399/Pq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Kamaliah Kamis of TPD Date/Time: 15/03/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SHA 8836C	Insured:
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at Workshop m/s _____ Tel: _____

Policy No: MHASPF06000095882 / 1 Claim No: TP/IP/55291/2021

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/11/2021
(Client's Record)

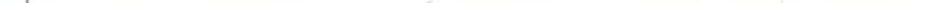
CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

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

Date/Time	Action/Instruction () Estimate
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[illegible][illegible]



1700

\$500/-
