22/03/2002

ASS. REC. BY: | REF: CI/TPD22004867/Nq | 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: BICYCLE Insured: _____

at Workshop m/s _____ Tel: _____

of _____

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
	$450/-