

ASS. REC. BY:

REF: CI/TPD22005250/Nq

Special Instruction:

Surveyor:

**ASSIGNMENT (Office)**

From (Person): KAMALIAH KAMIS of TPD Date/Time: 14/04/2022

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

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

To Inspect Vehicle No: FBQ 4093J Insured: \_\_\_\_\_

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

of \_\_\_\_\_

Policy No: MHASPF06000098499 / 1 Claim No: TP/IP/07067/2022

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

Make of Veh: \_\_\_\_\_ D.O.A. 29/03/2022  
(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/-