

ASS. REC. BY:

REF: CI/TPD22006179/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS of _____ Date/Time: 28/06/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	XD 4847S	Insured:
------------------------	----------	----------

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000104578 /2 Claim No: TP/IP/14469/2022

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09/06/2022
(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
-----------	---------------------------------

[illegible][illegible]

		\$700/-
--	--	---------
