

ASS. REC. BY:

REF: CI/SPF22006188/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): _____ of SPF Date/Time: 27/05/2022

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: XD 1081D Insured:

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000103539 Claim No: L/20220427/0057

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____
(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]

17334

	\$700/-
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\$700/-