S. REC. BY:		REF: CI/			Special Instruc	NO. P. L. P
rveyor: _'		AS	SIGNME	NT (Office)		2
om (Person)	KAMALIA	KAMIS of	TPĮ	D	Date/Tim	e: 16/08/2022
stimated Cos	t-			Bill to:		7
		RES/EVA/IN SJM 14		3	Insured:	
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olicy No:	MHASPF	-060001091	08 / 2	Claim No: _	TP/IP/1789	4/2022
um Insured:						
week account out.				Excess:		
Make of Veh:				-	D.O.A.	09/07/2022
Make of Vehications's Record			2	-		09/07/2022 Endorsement:
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Make of Vehications's Record	)	24 HRS Person (	e e		H.O.D.	Endorsement:
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