

ASS. REC. BY:

REF: CI/TPD22008684/Nq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS of TPD Date/Time: 16/08/2022

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

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

To Inspect Vehicle No: JVH 8057 Insured: \_\_\_\_\_

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

of \_\_\_\_\_

Policy No: MHASPF06000109108 / 2 Claim No: TP/IP/15076/2022

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

Make of Veh: \_\_\_\_\_ D.O.A. 15/06/2022  
(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	
		\$400/-