

ASS. REC. BY:

REF:

CI/TPD22008689/Nq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS

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: BICYCLE (BLUE)

Insured:

at Workshop m/s

Tel:

of

Policy No: MHASPF06000109108 / 2

Claim No: TP/IP/06245/2022

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12/03/2022

(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

\$280/-