

ASS. REC. BY:

REF: CI/TPD22010906/Pq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS of TPD

Date/Time: 31/10/2022

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

Insured:

at Workshop m/s

Tel:

of

Policy No: MHASPF06000117045 / 1

Claim No: TP/IP/23213/2022

Sum Insured:

Excess:

Make of Veh:

D.O.A. 01/09/2022

(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

\$700/-