

ASS. REC. BY:

REF: CI/TPD22013012/Pf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): **KAMALIAH KAMIS** of **TPD** Date/Time: **13/12/2022**

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: **QX 505H** Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: **MHASPF06000122420/1** Claim No: **TP/IP/31296/2022**

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. **19/11/2022**
(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	
		\$450/-