

ASS. REC. BY:

REF: CI/TPD22013020/Pf2

Special Instruction:

Surveyor: ASSIGNMENT (Office)

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

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHA 3417L Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000122420/1 Claim No: TP/IP/32687/2022

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/12/2022
(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/-