

ASS. REC. BY:

REF: CI/TPD23001387/Nf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): KAMALIAH KAMIS of TPD Date/Time: 07/02/2023

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMN 2175M Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000126583/1 Claim No: TP/IP/27046/2022

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27/09/2022
(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
	\$450/-