

ASS. REC. BY:

REF:

CI/TPD23001392/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 / CS

To Inspect Vehicle No: **SMF 4866G** Insured:

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000126583/1 Claim No: TP/IP/24472/2022

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/09/2022
(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
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[illegible][illegible][illegible]

\$450/-

~~\$450/-~~