22/03/2002

ASS. REC. BY: | REF: CI/TPD23001399/Nf2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS 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: PAB X763 Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000126583/1 Claim No: TP/IP/03413/2023

Sum Insured: Excess:

Make of Veh: D.O.A. 06/02/2023
(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
	$350/-