

ASS. REC. BY:

REF: CI/TPD23001400/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:	FY 169U	Insured:
------------------------	---------	----------

at Workshop m/s _____ Tel: _____

Policy No: MHASPF06000126583/1 Claim No: TP/IP/25487/2022

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21/09/2022
(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
-----------	---------------------------------

[illegible][illegible]

\$400/-

\$400/-