

ASS. REC. BY:

REF: CI/TPD23001587/Pf2

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: SLU 5837S Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000126583/1 Claim No: TP/IP/02096/2023

Sum Insured: Excess:

Make of Veh: D.O.A. 21/01/2023
(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
	\$450/-