

ASS. REC. BY:

REF: CI/TPD23003230/Pf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): KAMALIAH KAMIS of TPD Date/Time: 07/03/2023

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKP 5498A Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

of \_\_\_\_\_

Policy No: MHASPF06000128449/1 Claim No: TP/IP/28409/2022

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. \_\_\_\_\_  
(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/-                         |
|           |                                 |
|           |                                 |
|           |                                 |