22/03/2002

ASS. REC. BY: | REF CI/TPD23005739/Nf2 | 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 / CS

To Inspect Vehicle No: JSH 6448 Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000128449/1 Claim No: TP IP/05401/2023

Sum Insured: Excess:

Make of Veh: D.O.A. 21/02/2023
(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	
		$400/-