22/03/2002

ASS. REC. BY: | REF: CI/TPD23005775/Pf2 | Special Instruction:

Surveyor: _____

**ASSIGNMENT (Office)**

From (Person): KAMALIAH KAMIS of TPD Date/Time: 28/04/2023

Estimated Cost: _____ Bill to: _____

**OD / ~~TP / WS~~ / TP RES / OD RES / EVA / INV / MV / CS**

To Inspect Vehicle No: SJF 856Y Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000132308 Claim No: TP IP/34185/2022

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/12/2022
(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 |
|---|---|
| | |
| | |
| | |
| | $450/- |
| | |
| | |