

ASS. REC. BY:

REF: CI/TPD23006071/Pf2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS TPD Date/Time: 23/06/2023

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLM 1260Z Insured:

at Workshop m/s Tel:

of

Policy No: MHASPF06000137661 Claim No: TP IP/11422/2023

Sum Insured: Excess:

Make of Veh: D.O.A. 13/01/2023
(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/-