

ASS. REC. BY:

REF: CI/TPD23006773/Pf2

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS of 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:	GBD 7002D	Insured:	
------------------------	-----------	----------	--

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000137661 Claim No: TP IP/01489/2023

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/01/2023
(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
-----------	---------------------------------

[illegible][illegible]

\$150/

\$450/-
