22/03/2002

ASS. REC. BY: | REF: CI/TPD23006785/Pf2 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): KAMALIAH KAMIS of TPD Date/Time: 10/06/2023

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SNF 2520E Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000136847/1 Claim No: TP TP/09540/2023

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/04/2023
(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/-