

ASS. REC. BY:

REF: CI/TPD23006801/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: SHC 669K Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: MHASPF06000136847/1 Claim No: TP TP/12972/2023

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 09/05/2023
(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/-