

REF:

Special Instruction:

ASSIGNMENT (Office)

L/SUM: 18050 / REPAIR: 18 DAYS

From (Person): THASVINDRAN of LEGAL SOLUTION Date/Time: 23/8/24

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: ABSOLUTE APPRAISAL SERVICES PL

Workshop: NEXWAVE AUTO

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMD 1344B

Insured: SLP 6062E

at Workshop m/s **NEXWAVE AUTO**

Tel:

of 160 SIN MING DRIVE # 05-15 SIN MING AUTOCITY

Policy No:

Claim No: MC/OC 1480/2024

Sum Insured:

Excess:

Make of Veh:

D.O.A. 07 / 05 /2023

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; Original! ____ days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; Original ____ days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)	
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Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____