

REF: CS/LIP24100140/Kqh3 (XE 2917G)

Special Instruction:

ASSIGNMENT (Office)

From (Person): Stewart Lim of LIP Date/Time: 04/10/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 8,230 / REPAIR : 6 WORKING DAYS

Third Parties:

Claimant:

Surveyor: RW AUTOMOTIVE APPRAISERS SERVICES

Workshop: HC AUTO & MOTORS SERVICE

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: XE 2917G

Insured: YM 8155U

at Workshop m/s HC AUTO & MOTORS SERVICE

Tel:

of BLOCK 32, SIN MING DRIVE, #01-349 S 575706

Policy No:

Claim No: IVS24/1008

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24/05/2024

H.O.D. Endorsement/Date:

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

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

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 _____