

REF: CS/LIP24100163/Uqh3 (SFD 555Z)

Special Instruction:

ASSIGNMENT (Office)

From (Person): STEWART LIM of LIP Date/Time: 08/10/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 9,100 / REPAIR : 7 WORKING DAYS

Third Parties:

Claimant:

Surveyor: C L APPRAISER PTE LTD

Workshop: TOPMAX AUTO BODYSHOP

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SFD 555Z

Insured: SGZ 6367H

at Workshop m/s TOPMAX AUTO BODYSHOP

Tel: 6744 2653

of BLK 3007 UBI ROAD 1 #01-410 SINGAPORE 408701

Policy No:

Claim No: AVS24/2525

Sum Insured:

Excess:

Make of Veh:

D.O.A. 14/08/2024

(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: 29/10/24 Submit ~~Final Fig~~ LS 6100, 5 days (Red \$ 3000 / 33 %; Original 7 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 : 42000(est)

LTA

~~Salvage Value~~ : 18842

Nett Value : 23158

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 29/10/24 File Pass to Typist

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 _____