

REF: CS/LAW24100238/Knh3 (SLW 4541R)

Special Instruction:

ASSIGNMENT (Office)

From (Person): Ms Chua Li Suan of ComLaw LLC Date/Time: 12/10/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 19,700 / REPAIR : 7 WORKING DAYS

Third Parties:

Claimant:

Surveyor: OH APPRAISAL SERVICES

Workshop: HIAP LEK AUTOMOBILE TRADING

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLW 4541R

Insured: SKV 1111K

at Workshop m/s HIAP LEK AUTOMOBILE TRADING

Tel:

of 160 SIN MING DRIVE #05-17 SIN MING AUTOCITY SINGAPORE 575722

Policy No:

Claim No: CLS 2027 228121

Sum Insured:

Excess:

Make of Veh:

D.O.A. 02/03/2024

(Client's Record)

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:

Basic & Add

Transport

Photos

Others

Total

Date: _____

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 _____