

REF: CS1/AWA24100304/Enp3 (GBK 5834X)

Special Instruction:

ASSIGNMENT (Office)

From (Person): STELLA GOH of AWA Date/Time: 15/10/2024

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

L/SUM: 7,700 / REPAIR: 7 WORKING DAYS

Third Parties:

Claimant:

Surveyor: CONSTANT APPRAISER SERVICES

Workshop: T K LEE AUTOMOTIVE

### OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBK 5834X

Insured: QX 1439J

at Workshop m/s T K LEE AUTOMOTIVE

Tel:

of NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY

Policy No:

Claim No: CSG24VMTA00001/SG

Sum Insured:

Excess:

Make of Veh:

D.O.A. 25/07/2024

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 18/10/24 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_ days (Red \$ \_\_\_\_/\_\_\_\_%; Original \_\_\_\_ days)

Date/Time: 18/10/24 Submit Final Fig 4750, 6 days (Red \$ 2950 / 38 %; Original 7 days)

[illegible]

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

<b>Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)</b>	
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**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 \_\_\_\_\_