

REF: CS1/SCD24100527/Eqp3 (SNP 1719D)

Special Instruction:

ASSIGNMENT (Office)

From (Person): SYABIL ISMAIL of SCDF Date/Time: 28/10/2024

Estimated Cost: _____ Bill to: _____

L/S : \$ 416 / Repair: 2-3 working days

Third Parties:

Claimant:

Surveyor:

Workshop: KAH MOTOR CO SDN BERHAD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SNP 1719D

Insured: QX 1036M

at Workshop m/s KAH MOTOR CO SDN BERHAD

Tel: 8288 6295

of 255 ALEXANDRA ROAD SINGAPORE 159937

Policy No:

Claim No: 2024-10-22 IV

Sum Insured:

Excess:

Make of Veh:

D.O.A. 22/10/2024

(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)	
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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 _____