

REF: CS1/TP24110102/Evh3 (SH 6389Y)

Special Instruction:

ASSIGNMENT (Office)

From (Person): LIM TIEN SIONG of CDGE Date/Time: 04/11/2024

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

Third Parties:

Claimant:

Surveyor:

Workshop: COMFORTDELGRO ENGINEERING PTE LTD

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SH 6389Y

Insured:

at Workshop m/s COMFORTDELGRO ENGINEERING PTE LTD

Tel: 6214 8406

of

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 06/03/2024

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 7/11/24 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_ days (Red \$ \_\_\_\_/\_\_\_\_%; Original \_\_\_\_ days)

Date/Time: 7/11/24 Submit Final Fig LS 9050, 6 days (Red \$ 4897.22 / 35%; 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 &amp; 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 \_\_\_\_\_