

REF: CS1/LPC24110481/Eqh3 (XE 6167C)

Special Instruction:

ASSIGNMENT (Office)

From (Person): HUEY NI of LPC Date/Time: 22/11/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 45,600 / REPAIRER : - WORKING DAYS

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection	Evaluation
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100	100

To Inspect Vehicle No: XE 6167C

Insured: YN 8868R

at Workshop m/s -

Tel:

of -

Policy No:

Claim No: 22/22/22/VC05/026384

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 05/10/2022

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 _____