

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 / REPAIR:21 WORKINGDAYS

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: XE 6167C

Insured: YN 8868R

at Workshop m/s -

Tel:

Policy No:

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

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 05/10/2024

H.O.D. Endorsement/Date:

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

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_ days (Red S \_\_\_\_/\_\_\_\_%; 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 &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 \_\_\_\_\_