

REF: CS/LIP24110493/Evh3 (SMX 4410T)

Special Instruction:

ASSIGNMENT (Office)

From (Person): PATRICK YONG of LIP Date/Time: 22/11/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 4,900 / REPAIR : 5 WORKING DAYS

Third Parties:

Claimant:

Surveyor: CONSTANT APPRAISER SERVICES

Workshop: PERFECT MOTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMX 4410T

Insured: SNF 4703G

at Workshop m/s PERFECT MOTOR

Tel:

of 2 DEFU SOUTH STREET 2 #04-06 SINGAPORE 533755.

Policy No:

Claim No: BVS24/0540

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27/06/2024

(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:

Date: _____

Basic & Add

Transport

Photos

Others

Total

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 _____