

REF:CS1/LPC24070008/Eqh3 (SG 5476R)

Special Instruction:

ASSIGNMENT (Office)

From (Person): GERALD POH of LONPAC Date/Time: 26/06/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 1,089.40 / REPAIR : 2 WORKING DAYS

Third Parties:

Claimant:

Surveyor: VICOM ASSESSMENT CENTRE

Workshop: SBS TRANSIT LTD (Branch)

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SG 5476R

Insured: YP 6319L

at Workshop m/s SBS TRANSIT LTD (Branch)

Tel:

of 28 SOON LEE ROAD SINGAPORE 628083

Policy No:

Claim No: 22/23/23/VC05/026949

Sum Insured:

Excess:

Make of Veh:

D.O.A. 11/01/2023

(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 _____