

REF: CS/LIP24120133/Knh3 (SMH 1691C)

Special Instruction:

ASSIGNMENT (Office)

From (Person): PATRICK YONG of LIP Date/Time: 10/12/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 5,950 / REPAIR : 5 WORKING DAYS

Third Parties:

Claimant:

Surveyor: ABSOLUTE APPRAISAL SERVICES PTE LTD

Workshop: 833 MOTORSPORTS PTE LTD

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: SMH 1691C Insured: SNL 2559M

at Workshop m/s 833 MOTORSPORTS PTE LTD

Tel:

of 160 SIN MING DRIVE #02-09 AUTOCITY BUILDING SINGAPORE 575722

Policy No: _____ Claim No: BVS24/0236

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 02/04/2024

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 _____