

REF: CS/LIP24120180/Tqh3 (SKZ 8727S)

Special Instruction:

ASSIGNMENT (Office)

From (Person): SAM LOW of LIP Date/Time: 12/12/2024

Estimated Cost: _____ Bill to: _____

L/SUM : \$7,300 / REPAIRER : 7 WORKING DAYS

Third Parties:

Claimant:

Surveyor: AEON AUTO CONSULTANTS LLP

Workshop: TRUST FELLAS AUTO SERVICE

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SKZ 8727S Insured: SNG 6498E

at Workshop m/s TRUST FELLAS AUTO SERVICE

Tel:

of 40 TOH GUAN ROAD EAST, #01-65 ENTREPRISE HUB (S) 608582

Policy No: _____ Claim No: IVS24/1235

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/06/2024
(Client's Record)

(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)

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 _____