

REF: CS1/LPM24120212/Eqh3 (SMD 2786C)

Special Instruction:

ASSIGNMENT (Office)

From (Person): LILLIAN SIM of LPM Date/Time: 12/12/2024

Estimated Cost: _____ Bill to: _____

P/P : \$ 12,266.90 / REPAIR : 6 WORKING DAYS

Third Parties:

Claimant:

Surveyor: CA APPRAISER PTE LTD

Workshop: AE AUTO PTE LTD

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: **SMD 2786C**

Insured:

at Workshop m/s AE AUTO PTE LTD

Tel:

of 160 SIN MING DRIVE #06-01 SIN MING AUTOCITY SINGAPORE 575722

Policy No: _____ Claim No: 19/19/20/VC00/303881

Sum Insured: _____ Excess: _____

Make of Veh:

D.O.A. 21/12/2019

(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 _____