

REF:CS1/LPM24070034/Evh3 (SLC 1950T)

Special Instruction:

ASSIGNMENT (Office)

L/SUM : \$ 11481.18 / REPAIR : 8 WORKING DAYS

From (Person): ALEXANDER NEO of LPM Date/Time: 01/07/2024

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: ST APPRAISAL SERVICES

Workshop: YK SUPREME AUTOWERKZ

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLC 1950T Insured: JQX 6933

at Workshop m/s YK SUPREME AUTOWERKZ PTE LTD Tel: 6448 2700

of 1 KAKI BUKIT AVENUE 6, AUTOBAY #01-11 SINGAPORE 417883

Policy No: _____ Claim No: 24/24/24/VC11/411651

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21/03/2024
(Client's Record)

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; 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:

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 _____