

REF: CS1/SCD24070110/Eqp3 (SBS 3747K)

Special Instruction:

ASSIGNMENT (Office)

From (Person): Ralf Tay Gim Chye of SCDF Date/Time: 03/07/2024

Estimated Cost: _____ Bill to: _____

L/SUM: \$188 / REPAIR: HALF DAY

Third Parties:

Claimant:

Surveyor:

Workshop: SBS TRANSIT LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SBS 3747K Insured: XD 6103S

at Workshop m/s SBS TRANSIT LTD

of 205 BRADDELL ROADSIDE

Policy No: _____ Claim No: 2024 - 68

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/06/2024
(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 _____