

CS1/SPF24070203/Eqp3 (SJP 2435M)
REF:

Special Instruction:

ASSIGNMENT (Office)

From (Person): LAI PENGCHONG of SPF Date/Time: 08/07/2024

Estimated Cost: _____ Bill to: _____

L/SUM: 10, 721.87 / REPAIR: 6 DAYS

Third Parties:

Claimant:

Surveyor: VERISK

Workshop: **AUTO INSURE PTE LTD**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJP 2435M

Insured: TP 462D

at Workshop m/s AUTO INSURE PTE LTD

Tel:

of 6 MARSILING LANE 739145

Policy No:

Claim No: ACS/105/009/2023/093 (LK)

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 10/05/2023

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)	
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Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

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 _____