

REF:CS1/LIP24070488/Enh3 (SMJ 4713T)

Special Instruction:

ASSIGNMENT (Office)

From (Person): Sam Low of LIP Date/Time: 29/07/2024
Estimated Cost: _____ Bill to: _____

L/SUM : \$4,200 / REPAIR : 6 WORKING DAYS

Third Parties:

Claimant:

Surveyor: MC-COY APPRAISER PTE LTD

Workshop: LAY AUTO GARAGE PTE LTD

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMJ 4713T Insured: SKD 28U

at Workshop m/s LAY AUTO GARAGE PTE LTD

of 48 TOH GUAN ROAD #02-103/104 ENTERPRISE HUB SINGAPORE 608586

Policy No: 5134078288-01

Claim No: AVS24/1013

Sum Insured:

Excess:

Make of Veh:

Make of Ven:
(Client's Record)

D.O.A. 28/03/2024

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:

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 _____