

Surveyor: _____ REF: CS1 / GAL18002563 / D Hb 2

From (Person): Kelvyna Ngian GAL Date/Time: 07/02/2018

Estimated Cost: _____ Bill to: _____

Special Instruction: \$ 7799.50

Third Parties: _____

Claimant: _____

Surveyor: Vicom Ltd

Workshop: SBS Transit

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SBS 8601P Insured: SDN 8988B

at Workshop m/s SBS Transit Ltd. Tel: _____

of 550 Bukit Batok St 23

Policy No: _____ Claim No: CLMOMVP000000083

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28.08.2016

(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____ days (Red \$ _____ / _____ %; Original 8 days)

Date/Time: 6/4/2018 Submit Final Fig 7799.50 days (Red \$ 0 / 0 %; Original 8 days)

Date/Time	Action/Instruction
	SBS 8601P - NA / INC 15017592 / H11
	SDN 8988B - CS / GAL16017707 / TLVb2
	DIA: 15.10.15
	DIA: 28.08.16
<u>05/04/18</u>	Have removed the cost of rep and survey report of Vicom. The total repair cost and labour is fair and reasonable. The vehicle would take 8 days to repair. Labour inclusive of removing front windscreen and painting. It is therefore fair and reasonable. Refer to Vicom survey report last page under remark.

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Submit fair & reasonable.

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: _____

250

- 1) Date/Time 6/4/2018 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 _____