

Special Instruction:

From (Person): Gerald Poh of LPC Date/Time: 5.5.2019 9.30a.m
Estimated Cost: _____ Bill to: _____

Part B, Part \$ 7409.00

Third Parties:

Claimant: **Vicom**

Surveyor:

Workshop: SBS Transit

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SBS 3149L
at Workshop m/s SBS Transit
of 205 Braddell Road

Insured: YN 93657
Tel: 62848866

Insured: **YN 43631**

Tel: 62848866

Policy No:

Claim No: 19/19/VC05/02333

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 23.12.2019

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: 5/5/2020 Submit Final Fig \$5882, 6 days (Red \$ 1527 / 21 %; Original _____ days)

Date/Time: 5/5/2020 Submit Final Fig \$5882, 6 days (Red \$1527 / 21 %; 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
100	100	100	100	100

Date: _____

1) Date/Time 5/5/2020 File Pass to TYPIST

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 _____