

REF: CS1/SGK20007316/T1tf3

Special Instruction:

LS \$1,600.00

ASSIGNMENT (Office)

From (Person): Ryan Lim of SGK Date/Time: 14/07/2020

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection	Evaluation
<p>1. Inspect the OD/TP for any visible damage or wear.</p> <p>2. Check the OD/TP for any leaks or abnormal sounds.</p> <p>3. Verify the OD/TP is properly secured and fastened.</p> <p>4. Confirm the OD/TP is in good working order.</p>	<p>1. Evaluate the condition of the OD/TP based on the inspection findings.</p> <p>2. Determine if the OD/TP meets the required standards and specifications.</p> <p>3. Document the results of the inspection and evaluation.</p> <p>4. Provide recommendations for any necessary repairs or maintenance.</p>

To Inspect Vehicle No: SKW 430R Insured: MCST 2948

at Workshop m/s Mova Automotive Tel: 6272 3892

of Blk 1008 Bukit Merah Lane 3 #01-04

Policy No: _____ Claim No: IA2020-50628/LER

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A.
(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___ days (Red S _____/____%; Original 4 days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; Original ____ days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
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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 _____