

REF: CS1/LPC20007620/Eqf3

Special Instruction:

ASSIGNMENT (Office)

LS \$4,700.00

From (Person): Gerald Poh of LPC Date/Time: 23/07/2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: Absolute Appraisal

Workshop: Toh Motor

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SME 8567Y

Insured: GX 1933S

at Workshop m/s Toh Motor

Tel: 97483351

of 160 Sin Ming Drive #05-16

Policy No: _____ Claim No: 19/20/20/VC05/023287

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01/04/2020
(Client's Record)

(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 05 days)

Date/Time: 27/07/20 Submit Final Fig LS \$4200, 8 days (Red \$500 / 11 %; Original 05 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:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 27/07/2020 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 _____