

REF: CS1/LPM20008033/Esf3

Special Instruction:

ASSIGNMENT (Office)

IBI \$27,135.78

From (Person): Ko Siew Ling of LPC Date/Time: 17/07/2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant: Owner

Surveyor: CA Appraiser

Workshop: AE Auto

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLN 7845S

Insured: WNC 8293

at Workshop m/s AE Auto

Tel: 93825367

of 160 Sin Ming Drive #06-01

Policy No:

Claim No: 19/20/20/VP96/304742

Sum Insured:

Excess:

Make of Veh:

D.O.A. 09/02/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 05/08/2020 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 18 days)

Date/Time: 05/08/2020 Submit Final Fig 1/S \$ 10,200.00, 10 days (Red \$16,935.78/ 62 %; Original 10 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 _____ 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 _____