

REF: CS/LAW20008225/ tf3

Special Instruction:

ASSIGNMENT (Office)

LS \$8,200.00

From (Person): Bijiao of Comlaw Date/Time: 07/08/2020

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant: Owner

Surveyor: Chartered Auto

Workshop: Precise Auto

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SMA 8060P

Insured: SHC 6962Z

at Workshop m/s      Precise Auto

Tel: 6745 7367

of No. 1 Kaki Bukit Ave 6 #02-34/36

Policy No:

Claim No: DV.2020.220697.ntuc

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10/09/2018

(Client's Record)

H.O.D. Endorsement/Date: SJE

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 17/9/2020 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_ days (Red \$\_\_\_\_/\_\_\_\_%; Original 10 days)

Date/Time: 17/9/2020 Submit Final Fig 4900, 6 days (Red \$ 3300 / 40 %; Original 10 days)

[illegible]

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

<b>Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)</b>	
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**Para(3) : Nett Value**

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Date: \_\_\_\_\_

Basic &amp; 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 \_\_\_\_\_