	1301. 65.10	TI 1210009129/Etf3	Special Instruction:	
From (Person): J	eviny Lew of CTI Bill to	ASSIGNMENT (Office) Date/Time: 37 8 447	M Third Parties: Claimant:	
OD/TP Re-inspect	ion / Evaluation No: SJK 4920 S	Insured: PC5645R	Surveyor: Workshop: Alon Auto.	
	V- +0(1)	Tel:		
	SN192517 19000	Claim No: GNM20D2	01330C02/Lew/c	
Sum Insured: Make of Veh: (Client's Record)		D.O.A. 13 3 2020		
Date/Time:	Person Contac	cted: Vehicle IN / OUT	H.O.D. Endorsement/Date:	
		Final Fig,days (R		
Date/Time:	Submit Final Fig	,days (Red \$)	/%; Original Rays)	
Date/Time Act	ion/Instruction			
	LUMP SUM \$7700,	11DAYS(RED:2800;26%)		
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Para(1) · Pari	s todad not replaced	(To highlight R or UB, I	LK, Etc)	
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Para(2): Con		of damages (Parts Not Consis	tent : NC)	
		of damages (Parts Not Consis	tent : NC)	
Para(2): Con Para(3): Net	t Value		Fee Charged: Date:	
Para(2): Con Para(3): Net	t Value arket Value :	Inspected/	Fee Charged: Date: Basic & Add	
Para(2): Con Para(3): Net	t Value		Fee Charged: Date: Basic & Add Transport Photos	
Para(2): Con Para(3): Net	t Value arket Value :	Inspected/	Fee Charged: Date: Basic & Add Transport	
Para(2): Con Para(3): Net	t Value arket Value :	Inspected/ Evaluated by:	Fee Charged: Date: Basic & Add Transport Photos Others Total	
Para(2): Con Para(3): Net M Sa Net I) Date/Time	t Value arket Value : ulvage Value :	Inspected/ Evaluated by: 2) Date/Time	Fee Charged: Date: Basic & Add Transport Photos Others Total File Return to	