

REF: CS1/CT1 120009129 /E+fb

Special Instruction:

US \$10,500/-

From (Person): Jenny Lew of CTI Date/Time: 22/8 @ 4pm
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: Alcon Auto.

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJK 4920 S Insured: PC 56757R
at Workshop m/s V-tech Tel: _____
of Soon Lee

Policy No: DM BSN19251719000 Claim No: GNM20D201330C02/lew/c

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/3/2020
(Client's Record)

H.O.D. Endorsement/Date: _____

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

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

Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 12 days)

[illegible]

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

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

