

REF: CS1 /FCI 20009887 /Dss2

Special Instruction:

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 15-9-2020

Estimated Cost: Bill to:

OD/TP Re-inspection (Evaluation)

To Inspect Vehicle No: YN 4215B Insured: SHA 14589

at Workshop m/s _____ Tel: _____
of _____

Policy No: _____ Claim No: D 20003036 MF5H

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30-7-2020
(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 _____ 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 _____