

REF: CS/LAW20010317/R1qf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Siti Marina of Low Yeap Toh Date/Time: 25/09/2020

Estimated Cost: _____ Bill to: _____

LS \$6,100.00

Third Parties:

Claimant:

Surveyor: PAR Automotive

Workshop: N-51

OD/TF Re-inspection / Evaluation

To Inspect Vehicle No: GBF 7006H

Insured: SJB 5857H

at Workshop m/s N-51 Automotive

Tel: 6744 0510

of 2 Kaki Bukit Ave 2 #01-17

Policy No:

Claim No: GEP.2334.05.20.ct

Sum Insured:

Excess:

Make of Veh:

D.O.A. 05/10/2017

(Client's Record)

H.O.D. Endorsement/Date: SJE

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 6 days)

Date/Time: 22/02/21 Submit ~~Final Fig~~ LS \$2850, 5 days (Red \$ 3250 /53 %; Original 6 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:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 22/02/21 File Pass to Typist

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 _____