

REF: CS3/CT120007887/R1f3-1

Special Instruction:

4 Sum: \$24,600.00

Third Parties:

Claimant:

Surveyor:

Workshop: R & S Engineering works

ASSIGNMENT (Office)

From (Person): Pauline Tham of C71 Date/Time: _____

Estimated Cost: _____ Bill to: _____

OD(TP Re-inspection) / Evaluation

To Inspect Vehicle No: XE 256T

Insured: XE 5058 R

at Workshop m/s R & S Engineering works

Tel: 87692858

of 13 Pioneer Sector is

Policy No: DmCVS14W00056142001

Claim No: SNM 201202643102

Sum Insured:

Excess:

Make of Veh:

D.O.A. 28.07.2020

(Client's Record)

Inspection: 09/10/20 11:30 AM owner waiting

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$ ____ / ____%; Original 8 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 _____