

REF: CS1/LAW20011368/Uyd3

Special Instruction:

L/S :\$4800.00

Third Parties:

Claimant:

Surveyor: AUTOPROBE

Workshop: CHOO MOTOR

ASSIGNMENT (Office)

From (Person): XIN YI of SEAHONG Date/Time: 19/10/2020
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBA 4277M Insured: PC 8868E

at Workshop m/s _____ CHOO MOTOR

Tel: 6745 2063

of 1 KAKI BUKIT AVENUE 6 #01-39 AUTOBAY

Policy No: _____ Claim No: 20.27957

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 15/10/2019

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original⁴____ 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 _____