

REF: CS/CT1 20006233/Kqf3-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): Cecilia Low of CTI Date/Time: 28-9-2020

Estimated Cost: _____ Bill to: _____

2/Sum: \$ 16,500.00

Third Parties:

Claimant:

Surveyor: Automobile Consultants

Workshop: Guan Auto

OD/TP Re-inspection // Evaluation

To Inspect Vehicle No: SLH 1632K Insured: STP 73L

at Workshop m/s Guan Auto Service Tel: 9388 4210

of BK 7 sin ming Industrial Estate Sector C

Policy No: _____ Claim No: SNM20D202106/C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12-06-2020

(Client's Record) Inspection: 26/ Oct/ 2020 10 Am Onsite waiting

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original ¹⁸ 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:

Date: _____

Basic & Add

Transport

Photos

Others

Total

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