

REF: CS3/III20011758/Gvd3

Special Instruction:

From (Person): CARINE KHEK of III ASSIGNMENT (Office)  
Estimated Cost: \_\_\_\_\_ Date/Time: 19/11/2020  
Bill to: \_\_\_\_\_

L/S :\$ 3900.00

Third Parties:

Claimant:

Surveyor: CL APPRAISER

Workshop: **TEAMWORK GARAGE**

## OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SMN 3179X

Insured: SH 6403P

at Workshop m/s TEAMWORK GARAGE

Tel: 6844 2475

of BLK 53 UBI AVENUE 1# 01-24

Policy No: MCOM0015

Claim No: MCT20100386

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23/10/2020

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 3/12/20 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original 6 days)

Date/Time: 3/12/20 Submit Final Fig LS \$1750, 5 days (Red \$ 2150 / 55 %; 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 &amp; 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 \_\_\_\_\_