

REF: CS1/LPC20012006/Qsd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): KO SIEW LING of LPC Date/Time: 03/11/2020

Estimated Cost: _____ Bill to: _____

L/S : \$29,500.00

Third Parties:

Claimant:

Surveyor: JDJ APPRAISAL

Workshop: AE AUTO

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: PC 2045C

Insured: JTM 3233

at Workshop m/s AE AUTO

Tel: 6459 1630

of 160 SIN MING DRIVE #06-01

Policy No:

Claim No: 20/20/20/VC00/314694

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12/08/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 12 days)

Date/Time: 18/11/2020 Submit Final Fig \$3,400.00, 3 days (Red \$26,100.00/ 88 %; Original 12 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 _____