

REF: CS/LAW20012368/td3

Special Instruction:

L/S :\$ 8500.00

Third Parties:

Claimant:

Surveyor: FORM TEAM

Workshop: Y.C AUTO SERVICE

ASSIGNMENT (Office)

From (Person): JOYCE OOI of KENNEDYS Date/Time: 02/11/2020
Estimated Cost: _____ Bill to: _____

OD (TP Re-inspection) / Evaluation

To Inspect Vehicle No: SKJ 8921G Insured: SLT 5569X

at Workshop m/s Y.C AUTO SERVICE

of BLK 9 PIONEER ROAD NORTH #01-56

Policy No: _____ Claim No: MC/MC 9879/2019

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/01/2019
(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original 10 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)	
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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 _____