

REF: CSI / LPC 20012583/R/gf3

Special Instruction:

4 Sum: \$ 9800.00

From (Person): Dong Li Li of LPC ASSIGNMENT (Office)
Estimated Cost: _____ Date/Time: 16-11-2020
Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: LYS Engineering

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: XD 41064 Insured: YN 5079X

at Workshop m/s LYS Engineering

Tel:

of 65 Chestnut Avenue #18-15 Singapore 699524

Policy No:

Claim No: 20/20/20/VC05023712

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26-09-2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original **5** days)

Date/Time: 25/11/20 Submit ~~Final Fig~~ LS \$6000, 5 days (Red \$ 3800 / 39 %; Original 5 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

1) Date/Time 25/11/2020 File Pass to Typist

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 _____