

REF: CS1/LAW20013350/Uvf3

Special Instruction:

ASSIGNMENT (Office)

LS \$17,500.00

From (Person): Edwina Fan of ULA Date/Time: 03/12/2020

Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: **Fastech Auto**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKN 4080M Insured: SJG 1769D

at Workshop m/s Fastech Auto

Tel: 6745 2063

of 1 Kaki Bukit Ave 6 #01-46

Policy No: _____ Claim No: EFA/Aviva0298/ns

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/08/2014
(Client's Record)

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; 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:

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 _____