

REF: CS/TP20013571/T1qd3

Special Instruction:

From (Person): MICHAEL GOH of 94894233 Date/Time: 08/12/2020
Estimated Cost: _____ Bill to: _____

\$16831.16

Third Parties:

Claimant:

Surveyor:

Workshop: **TAN LIM MOTOR**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBE 8945X

Insured:

at Workshop m/s **TAN LIM MOTOR**

Tel:

of _____ NO. 1 DEFU LANE 6

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

31/07/2020

14 DECEMBER 2020@ 2PM

H.O.D. Endorsement/Date:

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

Date/Time: 12/01/21 Confirmed with Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time: 12/01/21 Submit ~~Final Fig~~ LS \$7350, 8 days (Red \$ 9481.16 / 56 %; 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 _____