

REF: CS1/III20013637/d3

Special Instruction:

ASSIGNMENT (Office)

From (Person): BHARGAVI of III Date/Time: 09/12/2020
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop: **JIT SEN MOTOR**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBL 5407R Insured: SHA 7114J

at Workshop m/s **JIT SEN MOTOR**

Tel: 6257 8404

of 10 ADMIRALTY STREET #01-10 NORTHLINK

Policy No: MCOM0015

Claim No: MCT20020520

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26/02/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

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