

REF: CS1/LPC20013673/Evd3

Special Instruction:

From (Person): AU LEE TYNG of LPC ASSIGNMENT (Office) Date/Time: 9/12/2020
Estimated Cost: _____ Bill to: _____

L/S : \$ 100,000.00

Third Parties:

Claimant:

Surveyor: ~~JDJ APPRAISAL~~

Workshop: AE AUTO

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SLA 7419H

Insured: GG 3222

at Workshop m/s AE AUTO

Tel:

of 160 SIN MING DRIVE #06-01

Policy No:

Claim No: 20/20/20/VP96/317771

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12/09/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ___ days (Red S ____/____%; Original 34 days)

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

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
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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 _____