

REF: CS3/CTI20010588/Qqd3-1

Special Instruction:

From (Person): PAULINE THAM of CTI ASSIGNMENT (Office)
Estimated Cost: _____ Date/Time: 11/12/2020
Bill to: _____

\$30156.58

Third Parties:

Claimant:

Surveyor:

Workshop: MCGAP WORKSHOP

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJN 7645B

Insured: SMP 8130S

at Workshop m/s **MCGAP WORKSHOP**

Tel: 8866 8832

of 60 Jalan Lam Huat, Carros Centre #05-68

Policy No: DMHCSNA00003502000

Claim No: SNM20D203578C02

Sum Insured:

Excess:

Make of Veh:

D.O.A. 25/09/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 15/03/21 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original ____ days)

Date/Time: 15/03/21 Submit Final Fig LS \$8050, 8 days (Red \$ 22106.58 73 %; 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 16/03/21 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 _____