

REF: CS/LAW20014095/d3

Special Instruction:

ASSIGNMENT (Office)

From (Person): MICELIA of WTC Date/Time: 16/12/2020
Estimated Cost: _____ Bill to: _____

L/S : \$4600.00

Third Parties:

Claimant:

Surveyor: KM AUTO ACCESSORS

Workshop: CHOON HOCK MOTOR

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SFA 833L Insured: SMG 487M

at Workshop m/s CHOON HOCK MOTOR Tel: 6453 0778

of BLK 176 SIN MING DRIVE# 05-03

Policy No: _____ Claim No: MC/MC 10254/2020

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 09/03/2020

H.O.D. Endorsement/Date: _____

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

Date/Time: 8/2/2020 Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time: 8/2/2020 Submit Final Fig 3000, 5 days (Red \$ 1600 / 34 %; 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 _____