

Bryan

REF: CS1/LPC21000626/Dqd3

Special Instruction:

From (Person): ONG LI LI of LPC ASSIGNMENT (Office) Date/Time: 12/01/2021  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

18300.30

Third Parties:

Claimant:

Surveyor:

Workshop: **PREMIUM AUTO**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLA 1587A Insured: YN 4504S  
at Workshop m/s PREMIUM AUTO Tel: 6366 2323  
of 55 UBI ROAD 1

Policy No: \_\_\_\_\_ Claim No: 21916

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 08/06/2019  
(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 12 days)

Date/Time: 21/01/21 Submit Final Fig \$15404, 12 days (Red \$2896.30/ 16 %; Original 12 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)	
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Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Basic &amp; Add

Transport

## Photos

Others

Total

Date: \_\_\_\_\_

1) Date/Time 01/12/21 File Pass to Typist

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

## 2) Date/Time

File Return to

4) Date/Time

File Return to

6) Date/Time

File Return to