

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: 21/01/21 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; 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 & Add

Transport

Photos

Others

Total

Date: _____

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

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time

4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to