

REF: CS1/MSG21001142/Dqe2

Special Instruction:

ASSIGNMENT (Office)

From (Person): Jasmine Lok of MSIG Date/Time: 07/09/2020

Estimated Cost: _____ Bill to: _____

L/S : \$5700.00

Third Parties:

Claimant:

Surveyor:

Workshop: STA Inspection PL

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBA 7106D Insured: SMF 1834T

at Workshop m/s _____ STA Inspection PL _____

of 302 S/M Rd Singapore 575627

Policy No: A 29112479 QMY

Claim No: M607023

Sum Insured:

Excess:

Make of Veh:

D.O.A. 25/09/2019

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 09/04/21 Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 6 days)

Date/Time: 09/04/21 Submit ~~Final Fig~~ **LS \$3500**, 5 days (Red \$2200 / 39%; Original 6 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 09/04/21 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