

REF: CS1/LPC21001462/R1tf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): KO SIEW LING of LPC Date/Time: 29/1/2021 8:20 PM

Estimated Cost: _____ Bill to: _____

L/SUM : \$ 26,900.00

Third Parties:

Claimant:

Surveyor: L.B.S.

Workshop: ETHOZ

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJT 3664R

Insured: J 3058A

at Workshop m/s ETHOZ

Tel: 66547502 / 65103608

of 30 BUKIT BATOK CRESCENT

Policy No:

Claim No: 17/17/17/VC40/239732

Sum Insured:

Excess:

Make of Veh:

D.O.A. 07/07/2017

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 01/03/21 Confirmed with Final Fig , days (Red \$ / %; Original 18 days)

Date/Time: 01/03/21 Submit ~~Final Fig~~ LS \$25700, 16 days (Red \$1200 / 4 %; Original 18 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

MALAYSIAN BRANCH

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 01/03/2021 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 _____