

REF:CS/ASM21001588/Gvf3

Special Instruction:

ASSIGNMENT (Office)

From (Person): TAN WAN CONG of AXA Date/Time: 2-2-2021 5.46P.M

Estimated Cost: _____ Bill to: _____

L/SUM : \$11,640.00

Third Parties:

Claimant:

Surveyor:

Workshop: KUM CHEW

OD TP Re-inspection Evaluation

To Inspect Vehicle No: GBH 7591Z

Insured: YQ 39D

at Workshop m/s Kum Chew Motor Workshop

Tel: 6453 6256

of 160 Sin Ming Drive #05-08 Sin Ming Autocity

Policy No:

Claim No: S0M02WRJ

Sum Insured:

Excess:

Make of Veh:

D.O.A. 05-11-2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 15/3/21 Confirmed with _____ Final Fig _____, ____ days (Red S ____/____%; Original 12 days)

Date/Time: 15/3/21 Submit Final Fig LS \$7800, 8 days (Red \$ 3840 / 33 %; Original days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	---

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:

Date:

Basic & Add

Transport

Photos

Others

Total

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 _____