

REF: CS1/LPC21001686/Qtd3

Special Instruction:

From (Person): KENNY LIM of LPC Date/Time: 03/02/2021@6.15PM
Estimated Cost: _____ Bill to: _____

L/S : \$ 14,150.00

Third Parties:

Claimant:

Surveyor: UNITED APPRAISAL

Workshop: REVOL CARZ

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SFA 7333S

Insured: YM 7273T

at Workshop m/s **REVOL CARZ**

Tel: 6555 1171

of BLK 10 AMK IND.PARK 2A# 02-18

Policy No:

Claim No: 20/20/20/NC05/023573

Sum Insured:

Excess:

Make of Veh:

D.O.A. 24/08/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original ¹⁰ days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____/____%; Original ____ 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 _____ 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 _____