

REF: CS/CTI20010468/Gqd3-1

Special Instruction:

From (Person): JENNY LEW of CTI ASSIGNMENT (Office)
Estimated Cost: _____ Date/Time: 09/02/2021
Bill to: _____

L/S : \$ 51,400.00

Third Parties:

Claimant:

Surveyor: **IMPACT ANALYSIS**

Workshop: **TRIPLE-T AUTOMOBILE**

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: YP 6525H

Insured: SMH 5260L

at Workshop m/s **TRIPLE-T AUTOMOBILE**

Tel: 6385 1171

of BLK 5 DEFU LANE 10 #01-574

Policy No: DMHCSNA00001962000

Claim No: SNM20D203585C02

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26/09/2020

(Client's Record)

09/02/2021@ AFTER 12PM

H.O.D. Endorsement/Date:

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

Date/Time: 12/02/21 Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 30 days)

Date/Time: 12/03/21 Submit Final Eigs LS \$15400, 14 days (Red \$ 36000 / 70 %; Original 30 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:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 15/03/21 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 _____