

REF: CS1/LAW21002921/Aqd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): LINDA PHUA of Linda Phua L.P Date/Time: 02/03/2021
 Estimated Cost: _____ Bill to: _____

L/S : \$8700.00

Third Parties:

Claimant:

Surveyor: PAR AUTOMOTIVE

Workshop: **TWINCAR AUTOMOTIVE**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJA 5535S Insured: SCZ 6900R

at Workshop m/s TWINCAR AUTOMOTIVE Tel: 6842 0051

of 2 Kaki Bukit Ave 2 #01-17 AUTOHUB

Policy No: LP/MSIG/2020-0893 Claim No: M468043 FF

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/05/2016

(Client's Record)

H.O.D. Endorsement/Date:

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

Date/Time: 18/03/21 Confirmed with _____ Final Fig _____, ____ days (Red \$ ____/____%; Original ⁷____ days)

Date/Time: 18/03/21 Submit Final Fig LS \$4200, 4 days (Red \$4500 / 52 %; Original 7 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 _____