

REF: CS3/CTI20014237/Gvf3-1

Special Instruction:

ASSIGNMENT (Office)

L/SUM : \$45,650.00

From (Person): PAULINE THAM of CTI Date/Time: 9/3/2021 10:38 PM

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD/TP Re-inspection / Evaluation

Surveyor:

Workshop: **APEX MOTORING**

To Inspect Vehicle No: SMR 2500L

Insured: GBE 9812P

at Workshop m/s APEX MOTORING

Tel: 91690825

of 25 Kaki Bukit Road 4 #01-55 SYNERGY @ KB

Policy No: DMCVSNW00032562002

Claim No: SNM20D204950/C02/THAMYL

Sum Insured:

Excess:

Make of Veh:

D.O.A. 15/12/2020

(Client's Record)

H.O.D. Endorsement/Date:

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

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