

REF: CS1/LPM21003377/Qtd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): MUHAMAD HANIF of LPC Date/Time: 11/03/2021

Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJY 6621Y Insured: SJM 2078B

at Workshop m/s AUTO EXCEL ENGINEERING

of BLK 19 SIN MING IND. ESTATE# 01-05

Policy No: _____ Claim No: 15/15/15/VP00/193236

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/03/2015
(Client's Record)

H.O.D. Endorsement/Date:

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

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

Date/Time: 23/3/2021 Submit Final Fig 9050, 10 days (Red \$15885.01 %; Original days)

[illegible]

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