

REF: CS1/LAW21003564/Avd3

Special Instruction:

From (Person): MR RIDHWAN of LLC ASSIGNMENT (Office)
 Estimated Cost: _____ Date/Time: 22/02/2021
 Bill to: _____

L/S : 9,100.00

Third Parties:

Claimant:

Surveyor: PREMIER APPRAISER

Workshop: **PRECISE AUTO**

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKZ 49T Insured: SHA 3203L
at Workshop m/s PRECISE AUTO Tel: _____
of 1 KAKI BUKIT AVE 6 # 02-34/36

Policy No: _____ Claim No: WAN.512884.H ///

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23/08/2018
(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 ⁵____ 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)	
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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 _____