

REF: CS1/LAW21003685/Gvf3

Special Instruction:

Yi Xun (ULA)

ASSIGNMENT (Office)

L/SUM : \$8500

From (Person): CATHERINE LIM of LAW Date/Time: 22/3/2021 2:51 PM

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

Surveyor:

Workshop: WAH YU AUTOMOTIVE

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLD 8228U Insured: SKJ 3251P

at Workshop m/s WAH YU AUTOMOTIVE BODY WORK Tel: 9736 0862

of 176 SIN MING DRIVE #05-09 SINGAPORE 575721

Policy No: ASA.Tokio.1204

Claim No: M1801403/TG(TP01)

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/03/2018
(Client's Record)

(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! 4 days)

Date/Time: 26/4/21 Submit Final Fig LS \$3650, 3 days (Red \$ 4850 / 57 %; Original 4 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:

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 _____